

TRADITIONAL HEALERS' PERCEPTIONS OF THE INTEGRATION OF  
THEIR PRACTICES INTO THE SOUTH AFRICAN NATIONAL HEALTH  
SYSTEM.

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Unless otherwise indicated, this thesis represents my own original work

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## ABSTRACT

This study was aimed at identifying and exploring the perceptions of traditional healers particularly izangoma and izinyanga, on the integration of their practices into the South African National Health System. The main reason behind this research was to establish the position of traditional healers as well as to study their opinions on the issue of integration. The paucity of previous research studies on the perceptions of traditional healers on the integration of their practices into the national health care system, was the main motivation behind this study. Participants were drawn from the Pietermaritzburg area and selection was based on purposeful sampling. The data of the study was collected by means of semi-structured interviews, which employed open-ended questions. This study was conceptualized within the African world-view and cosmology. The interactive model design by Maxwell (1996) was employed in the design of this study. According to this model the purpose, conceptual context, research questions and methods as well as issues of validity and reliability, are all essential for the coherence of any qualitative study. The ethical considerations of this study were mainly around the issue of informed consent, and this was negotiated and discussed with the participants until they could understand the process of consent. The results of the study reflect the fact that traditional healers are positive about the process of integration. However, the participants were in favor of integration as a process of collaboration and co-operation as opposed to total integration, which was perceived as a process in which one system would dominate and oppress the other. The participants in this study perceive themselves as equal to their western counterparts because of their training and ability to treat "spiritual illnesses". Further, they view their role as that of providing alternative healing as well as acting as a medium between people and their ancestors. Education and negotiations were identified as the possible solutions to most problems in the process of integration. The findings of this study further reveal that there is mistrust and suspicion about western healers from traditional healers. As a result of this, improved collaboration between traditional and modern health care systems seems to be the only process, which could benefit all the people of the country.

## CHAPTER 1

### INTRODUCTION

#### 1.1 Background of the study

The integration of traditional healers into the South African (SA) health care system has been debated by a number of researchers within the past two decades (Bodibe, 1992; Hopa, Simbayi & du Toit, 1996; Kottler, 1988). In the past the then South African Medical and Dental Council (SAMDC) did not recognize traditional healers as legitimate health practitioners, and further forbade western professionals from dealing with them (Kottler, 1988). Recent studies provide growing evidence that for the health practitioners to provide effective treatment of illnesses amongst Africans, they will have to consider the traditional African way of viewing health and illness (Hadebe, 1986). The non-recognition of traditional healers has come to be unacceptable given research studies indicating that about 80% of the South African population consult traditional healers for treatment of a variety of diseases (Freeman & Motsei, 1992).

Although a number of studies have highlighted the contribution of traditional healers to health care in general, and further called for integration of this practice into the health care system of the country, most of them reflect western professionals' understanding and perceptions with regard to integration (Daniels, 1994; Holdstock, 1979). In most previous studies little effort has been done to get an in-depth understanding of traditional healers about the issue of integration. The present study sought to identify and explore the perceptions of traditional healers, particularly izangoma and izinyanga, pertaining to the proposed integration of traditional healing into the mainstream health care system. It is important to note at the outset that the term integration should be viewed as a process of improved collaboration between traditional and modern health care delivery system rather than incorporation or domination of one system by the other. Possible obstacles to the proposed integration, as perceived by traditional healers, as well potential solutions thereof, were also investigated.

## **1.2 Motivation for the study**

The paucity of research on how traditional healers perceive their roles and place within the integrated mental health structure, was the major motivation behind this study. This study aspires to get an in-depth insight into traditional healers' perceptions of their practices. The results will hopefully contribute towards a solid foundation on which a balanced provision of mental health care can be built. Further motivation emanated from the recommendations made by previous researchers who called for more research on the topic (Freeman & Motsei, 1992; Hadebe, 1986; Hopa, et. al. 1996). Moreover the Center for Health Policy has stressed the importance of the integration of traditional healers into the mental health system by appealing to researchers to come up with strategies that would facilitate this process (Freeman, 1992).

The value of this study lies in the fact that it explores the views of traditional healers on integration using traditional healers themselves as sole participants. Concentration on izangoma and izinyanga is an effort to avoid duplicating previous studies most of which investigated the perceptions of western professionals about the roles and needs of indigenous healers (Edwards, 1990; Korber, 1990). The results of this study might give western trained health professionals a picture of how traditional healers themselves perceive integration and hopefully, help them to get a better understanding of the practice and its dynamics. Furthermore the results could help promote the recognition of traditional healing practices, especially those based on African cultures and traditions. The study is therefore likely to be of benefit not only to the psychology discipline, but to society in general as well.

## **1.3 Aims of the study**

The aims of the study were as follows:

- To identify and explore the perceptions of izangoma and izinyanga with regard to the proposed integration of their practices into the mental health system of the country.

- To determine how they perceive their role and place within an integrated mental health system.
- To investigate obstacles, be they personal, cultural or otherwise, which might hinder the process of integration.
- To explore possible solutions to perceived obstacles.

#### **1.4 Research questions**

This study sought to answer the following research questions:

- How do izangoma and izinyanga perceive the proposed integration of their practices into the mental health system of the country?
- What do they perceive as their role in the process of integration?
- What do they regard as their position within the mental health system?
- What are the boundaries within which they would like to function?
- Do they foresee any obstacles that might deter the process of integration and if so what measures could be employed to overcome these?

#### **1.5 Layout of the rest of the thesis**

Chapter 2 reviews previous work on the issue of integration. Chapter 3 presents the methodology used in this study, with special emphasis on the design, the research instrument employed, the participants as well as the procedure. Chapter 4 presents the results of the study which are then discussed in relation to the literature in Chapter 5. Chapter 6 presents the conclusions and recommendations for further research.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter reviews previous studies conducted on the integration of western and indigenous methods of healing in South Africa. The presentation begins with an overview of the traditional healing system, the traditional African world-view of health and illness as well as the categories of traditional healers and their training procedures. Further the role and status of traditional healers in health provision will also be dealt with. The attitudes of various professional sectors towards the process of integration are discussed as are recommendations that have been put forward in the literature. In addition possible obstacles towards integration are reviewed, as are the advantages and disadvantages of the traditional healing system. Finally, policy issues and the integration of health care systems in other African countries are discussed.

#### **2.2 The traditional healing system: the religious basis**

The term “traditional” or “indigenous healing” is vaguely used to refer to ancient and culture oriented healing practices which were used before the discovery of allopathic medicine (Nzima, Edwards & Makunga, 1992). This definition can be related to the World Health Organization’s (WHO) definition of traditional medicine which is seen as all the therapeutic practices which were used long before the development of scientific medicine and are still in use today (Gumede, 1990). While both definitions stress that traditional healing predated allopathic medicine, traditional healing needs to be defined and understood in its own terms, especially with reference to the beliefs and cultural practices of the indigenous people.

Gumede (1990) indicates that it is not possible to understand the indigenous healer and the traditional healing system without looking into African traditional religion, the reason being that Africans have always been a religious people. Even before Christianity was introduced, Africans believed in a Supreme Being known as God (Modimo, Tixo or Umvelinqangi), a

religious orientation that forms the very basis of traditional healing, and is discussed in more detail below. Thus, it is inconceivable that a study concerning traditional healing systems can be separated from the African religion. According to Pretorius (1996) a misconception created by missionaries who arrived in Africa created an impression that Africa had no religion (in Mafalo, 1997). This misconception led to the conclusion that traditional healers were “witchdoctors” who exploited the ignorance and superstitious attitudes of the Africans.

In contrast to this misconception, Africans were always a religious people who worshipped God through their ancestors as they believed that this Supreme Being could not be directly approached. This dual belief system is guided by the African world -view within which the traditional healing system is grounded. This worldview is important in that for one to understand the traditional healing system, it is imperative to understand the world-view in which it is immersed.

### **2.2.1 African World View**

According to Myers (1988) the concept of worldview refers to a conceptual system which guides the philosophical assumptions and principles on which people’s beliefs are based. Although people are not usually conscious of them, these assumptions shape their beliefs. The conceptual system through which people relate to reality is the main determinant of how they perceive, think, feel and experience their world. There are two main types of conceptual systems: the one which assumes spirit and matter are separate and the other which is more holistic in its assumption that spirit and matter are united (they are one). The latter conceptual system is characteristic of the African world view which forms the basis of the traditional healing system, and this will be discussed in the following section Myers (1988).

The traditional healing practice and the people’s health seeking behavior are based on the African world-view (Hadebe, 1986; Hammond-Tooke, 1975; Mafalo, 1997). As Bodibe (1992) indicated “ the concept of the African world-view is an elusive one, difficult to define, but seems to be the product of African metaphysics, African epistemology and African axiology, and for that matter, even African ontology and African eschatology” (p, 149). Metaphysics refers to

theory about the nature of human beings and the world in which people live, while epistemology is concerned with the theory of knowledge. Axiology on the other hand, pertains to the theory of values, while ontology is concerned with the nature of being. Eschatology is a people's understanding of the concept of death and forms of life thereafter. The discussion below indicates that all these are crucial in the understanding of traditional healing.

The African world-view has a great influence on the conceptualization of mental health and illness. It refers to the way a particular group of people view themselves, their world as well as their spiritual matters (Bodibe, 1992; Hammond-Tooke, 1975). This view is a holistic view of reality, which encompasses ancestral spirits, magic and sorcery. Hammond-Tooke (1975) indicates that most Africans view misfortune as caused by the ancestors or by witchcraft. He defines ancestors as "the dead members of the lineage, a group of men descended in the male line from a common grandfather or great-grandfather (p, 26)".

It is an old traditional belief amongst Africans that after death the spirit of the departed joins the other spirits who died long ago (abaphansi). After a ritual sacrifice (ukubuyisa) has been performed the spirit is integrated with the ancestors and comes back to the homestead as part of the protective ancestral spirits (amadlozi) (Friedman, 1998). The ancestors are regarded as the bearers of good and ill-health and are highly concerned with the welfare of their descendants. Without their protection, it is believed that the living can experience a lot of misfortune and disease (Van Rensburg & Mans, 1982). It is therefore important for people to offer sacrifices to their ancestors, such as in the form of cattle and goats in order to appease the ancestral spirits (Friedman, 1998).

The belief in the ancestors goes along with the belief in the existence of God. According to Vilakazi (1962), the Zulu people believe that "uMvelinqangi" is not supposed to be consulted directly. The "amadlozi" (ancestors) are regarded as the medium of communication between the living and "uMvelinqangi" (God). As a result the dead form an important part of the African world-view as they are in a continual interaction with the living. Most traditional Africans believe that their life rests in the hands of the ancestral spirits and they thank or blame them for both their successes and failures. The ancestors are approached through ritual forms (Hadebe,

1986). Certain people are believed to have direct contact with the ancestors. These are the traditional healers as categorized depending on the nature of their calling and practice (izangoma, izinyanga etc). These people have privileges and responsibilities and they are believed to be capable of acting as mediators between the living and the dead (Mafalo, 1997).

Closely related to the concept of ancestors and God, is the way in which Africans deal with the concept of death. How and when a person dies is of great importance to the African people. As indicated by Hadebe (1986) most hospitalized Africans who are about to die usually request to be discharged so that they can die at their homes. This attitude could be spurred by a belief that a person should die in the presence of his/her children, overseen and protected by their ancestors. There are two main reasons why people prefer to die at home rather than in a hospital, namely spiritualism and mysticism.

### **2.2.2 Spiritualism**

Hadebe (1986) indicates that the traditional African cosmology of health and illness is based on the notion of spiritualism. Spiritualism refers to the belief that there is life after death where a person continues to live as an “ancestral spirit”. This spirit interacts with the living members of the family and acts as a protector of the family and homestead as a whole. This is the reason why a person needs to be with his/her children before passing into the next world. The person who dies at home is also watched by the ancestors who will then welcome him/her as part of the care-takers of those left behind in the world of the living (Hadebe, 1986).

The concept of “ancestral spirits” is also important if a male member of the family dies and is buried away from home. In such a case, a ritual ceremony known as “ukubuyisa idlozi” (bringing home the spirits), is performed. The main purpose behind the ritual is to rectify an error which happened when the individual concerned died in a foreign place (Hadebe, 1986).



### **2.2.3. Mysticism**

Mysticism is defined as “a search for covert truth and an effort to understand the goal of human life” (Hadebe, 1986, p. 3). The concept basically means a quest to establish peace and harmony or to achieve a union in being with the divine (ancestors). There are two basic notions underlying this concept. The first one is that human beings consist of two inseparable components, namely material (body) and non-physical (spirit). The main argument is that the essence of a human being’s life is embedded in both the discovery of the body and its integration to the spirit (Hadebe, 1986). However the general function of this integration lies in the establishment of harmony between human beings and the Divine.

### **2.2.4 Witchcraft and sorcery**

Closely related to the concept of ancestors and God. There are also concepts of witchcraft and sorcery, both of which are believed to be capable of bringing about disease and death (Ngubane, 1977). Whilst witchcraft is believed to be the work of fellow human beings with envious, malicious and harmful intents towards their victims, sorcery is the use of special medicine to kill or harm victims from a distance (Friedman, 1998; Hammond-Tooke, 1989). According to Van Rensburg, Fourie and Pretorius (1992), witches and sorcerers are people who use their personal powers in conjunction with the natural forces to bring harm to their fellow human beings.

The difference between witchcraft and sorcery is that the latter uses medicine whilst the former involves manipulation of psychic powers through the use of mythical powers known as familiars (Gumede, 1990; Hammond-Tooke, 1975, 1989; Van Rensburg et. al, 1992). A further distinction between the two practices is that whilst witchcraft is inherited from an individuals’ predecessors, sorcerers are ordinary people who obtain strong medicines from traditional healers and use them to harm others (Hammond-Tooke, 1989; Van Rensburg & Mans, 1992). It is important to note that this analytical distinction is not always reflected in African terminology and as a result both witches and sorcerers are categorized under one term, known amongst the Zulu as “ubuthakathi” (Gumede, 1990; Hammond-Tooke, 1989).

## **2.3 The notion of health and disease**

Gumede (1990) indicates that there is a great interdependence between Africans and the ancestral spirits as these two have duties towards each other. Health is seen as state of balance between human beings and ancestors. Good health and fortune are regarded as a reward for sacrifices to the spirits and ill -health is a punishment or a reminder to keep in touch with the ancestors. There are two main categories of illness amongst Africans: natural and supernatural (Gumede, 1990; Friedman, 1998).

### **2.3.1 Natural causes of illness (Umkuhlane)**

When nature is regarded as cause of disease African tradition sees the natural forces as operating on two levels, the biological and the ecological (Friedman, 1998).

#### **2.3.1.1 Biological understanding**

The body as a natural and biological entity has a tendency to develop somatic symptoms as a result of ageing or life stressors (Friedman, 1998). The symptoms may also be caused by accidents or congenital deformities such as mental retardation, epilepsy, genetic disorders and schizophrenia (Mafalo, 1997). Diseases ranging from common colds to disastrous epidemics are generally referred to as Umkhuhlane (diseases that just happen) (Bodibe, 1992; Swartz, 1986).

#### **2.3.1.2 Ecological understanding**

The ecological level of causality is based on the belief that there is a strong relationship between human beings and their environment (Friedman, 1998). According to this theory all living beings when moving leave invisible traces behind them. These traces (imikhondo) may have powerful influences on other life forms coming across them. Many of these traces are viewed as dangerous and may lead to different illnesses to those who come into contact with them. The first type of such illnesses is called Umeqo, which is acquired on the ground when the

person steps over a track intentionally left there either for the person or somebody else. The second type called Imimoya, is acquired by breathing in one of the airborne ill effects of these traces (Gumede, 1990). Not all tracks cause illness but causality depends on the vulnerability or resistance of the person (Friedman, 1998). In contrast to the natural causes of illness, are the supernatural causes of illness, discussed in the next section

### **2.3.2 Supernatural causes of illness (Ukufa kwabantu)**

Murdock et. al (1980; in Edwards, Grobelaar, Nene, Makunga, Kunene & Sibaya, 1983) have divided the supernatural causes of disease into three categories namely the animistic, magical and mystical theories.

#### **2.3.2.1 Animistic theories**

Animistic theories attribute disease to the behavior of a supernatural being such as God or spirits. (Edwards, 1983; Gumede, 1990; Mafalo, 1997). An example would be divine wrath brought about by the withdrawal of ancestral protection, leaving a person vulnerable and susceptible to all misfortunes. Violation of taboo refers to the failure of people to perform the rituals such as sacrifices to the ancestors, committing incest, or eating forbidden food. Ukuthwasa refers to a creative illness, which follows the calling by the ancestors for an individual to become an isangoma.

#### **2.3.2.2 Magical theories**

Magical theories view disease as an intentional act of a malicious person who uses magic to harm his/her victim. Sorcery or witchcraft are the main methods used to bring about illness. Animals like snakes, cats, rats, wolves and others are used to inflict curses or evils on the victims (Edwards, 1983; Mafalo, 1997). An example of an illness believed to be brought about magically is ufufunyane, a type of evil spirit possession. Symptoms include disturbed behavior with excessive aggression, irrational acts and auditory hallucinations (Gumede, 1990). Indiki refers to a form of chance possession by a random dead spirit. The patient becomes deranged, cries in a

bellowing voice and speaks in a “foreign tongue”. The tikoloshe is a familiar of the night sorcerer, which works as his agent.

### ✶ 2.3.2.3 Mystical theories

According to the mystical theories disorders result from an act or experience of the afflicted individual (Hopa, et. al., 1996). For an example isinyama is viewed as an adversity caused by pollution in the form of mystical forces from people who practice witchcraft. These forces can harm those who were not immunized against them. There is also a condition known as umkhondo defined as dangerous tracks or substances placed in a pathway by an enemy. Stepping over may result in oedema of limbs or incurable leg ulcers (Hopa, et. al., 1996).

All the above theories are the foundation of traditional African cosmological, religious, social and moral world-view of health and illness. These disorders are collectively called the disorders of the African people (“Ukufa Kwabantu”) and it is believed, can only be assessed, treated or cured by one or more of the three broad categories of traditional healers: the diviner (isangoma), the doctor (inyanga) or faith healer (umthandazi) (Edwards, 1983, Friedman, 1998, Hopa, et. al. 1996). While it could be argued that some of these theories and beliefs do not have a sound scientific basis, they are nevertheless important in that they constitute an indigenous or cultural psychology of a large part of the black population. Furthermore, if Schweder’s (1991) argument that mind and culture constitute each other were to be taken seriously, it would be unwise to ignore culturally-mediated understandings of health and illness, especially if the proposed integration were to be meaningful. However, these ideas are diametrically opposed to the traditional western understanding of disease and illness (the biomedical model). Furthermore, there is a long-established tradition in medical circles to look down upon cultural explanations of disease. Integration would obviously put two diametrically opposed world-views against each other, and hence, the need to explore traditional healers’ perceptions of integration as well as their anticipated roles and position within such a system. The next section discusses the various categories of traditional healers and their functions.

## **2.4 Categories of traditional healers**

There are various categories of traditional healers in S.A. However for the purpose of this study the focus will be on izinyanga and izangoma as these two categories were utilized in this research. There are two main differences between the two groups of traditional healers. First, izangoma are usually females whilst izinyanga are usually males. The second difference is the fact that the izangoma are more supernaturally oriented in relation to their calling. Dreaming features predominantly in their work, especially in the way in which they diagnose illnesses and heal their patients (Edwards, 1987).

### **2.4.1 The inyanga (Indigenous doctor)**

The main function of the inyanga is the treatment of the ill. They usually have a lot of experience in the use of plants, herbs and animals' flesh and skins. (Gumede, 1990). Although the art of healing tends to run from one family member to the other, it is not necessarily hereditary. For an example an inyanga within a polygamous marriage would always decide which of his sons is suitable to be trained as a future inyanga. This candidate would not necessarily be the first born son, but anyone with an inquisitive and intelligent mind as well as an avid interest in nature, animals and people. The inyanga (referred to as Ngaka by the Sotho and ixhwele by the Xhosa), is a specialist with a range of skills pertaining to the preparation of medicine and the healing of particular types of physio-psychological diseases (Hopa, et. al., 1996). The inyanga's work is very competitive in nature and as a result they usually are secretive about their expertise and practice (Kottler, 1988).

Kottler (1988) also identifies a second category of izinyanga those who are known as specialist izinyanga (inyanga yomhlabele). The function of this specialist is to heal fractured bones. This type of practice is passed from one family member to the next and from generation to generation. It is also highly secretive and consists of cherished information (Ngubane, 1977).

Izinyanga can be further categorized into izinyanga zokwelapha (those skilled in healing a variety of illnesses, both physical and psychological), izinyanga zemithi (herbalist) and umbelethisi (midwife) (Gumede, 1990). These specialists are allowed to practice in their respective fields for which they have been trained and not otherwise. This means that an inyanga who has been trained as a herbalist only cannot practice midwifery as this is out of his scope of expertise (Gumede, 1990). These strict regulations are evidence of the structured way in which the traditional healing practice is conducted and this in contrast with the way the practice have been viewed in the past by the western professionals. Any person who fails to comply with these regulations could be found guilty of an offence by his/her own Association and be fined up to R200. It should be noted, however that not all of the traditional healers are regulated by Associations and policing could be difficult.

#### **2.4.1.1 The training of the indigenous doctor**

In contrast to the training of the diviner which is a calling from the ancestors, the training of an inyanga is lengthy, more detailed, and is undertaken by choice under qualified experts. The main aim behind the training is to teach the initiate to recognise certain herbs and their functions. In most cases the inyanga initiate inherits the practice from a relative who is a qualified herbalist and as a result the initiate gets on - the- job training (Hopa, et. al., 1996). In other instances some inyangas decide to take this practice without any mentor and basically teach themselves to become herbalist by learning the use of medicine (Hammond-Tooke, 1989). Ever since the conception of the traditional healing practice the isangoma and the inyanga have been working together in helping their clients. The function of the isangoma is generally to diagnose illness and its cause and then refer the client to the inyanga for treatment.

The inyangas have always and are still regarded as the experts of herbal medicines and respected pharmacists who serve the purpose of dispensing medical herbs for curative purposes. However because of their expertise in using herbs it is alleged that they are also capable of misusing their powers by partaking in witchcraft activities (Hammond-Tooke 1989).

### 2.4.2 The isangoma (diviner)

According to Gumede (1990), the izangoma's primary function is to diagnose illness. The diviners are usually consulted to find out why things have gone wrong with the client or family. The isangoma is called to the healing practice by the ancestors. Intensive training follows under the apprenticeship of a highly qualified and experienced mentor (Mafalo, 1997). Training involves skills such as assessment of illness, detecting and finding lost objects, as well as treatment of illness (Hopa, et al., 1996; Van Rensburg & Mans, 1982). The traditional diviner who is usually a woman consults with an inyanga on a continuous basis with the aim of exchanging information about medicine (Ngubane, 1977). Like the izinyanga, the izangoma can also be divided into different categories and these include:

- Izangoma zamathambo (bone throwers): bones of animals and birds are used by these izangoma in divination.
- Izangoma zehlombe (hand clappers): this type of divination is based on hand-clapping as a means of helping the sangoma to diagnose the nature of the patient's problem (Gumede, 1990).

#### 2.4.2.1 The training of the diviner

The training of a diviner usually starts with an ancestral calling through the process of *ukuthwasa*. This calling takes the form of a dream, which involves an ancestor informing the individual of the wishes of his/her ancestors to use him/her for the healing of people (Hopa, et al., 1996). The symptoms of an isangoma initiate usually resemble those of an expectant mother. They include unusual likings, longings as well as tastes. These symptoms may include excessive, unclear and confusing dreams, often accompanied by episodes of *izibhobo* (sharp chest pains) as well as persistent restlessness and headaches. Furthermore, the initiate may suffer from persistent body pains, restlessness of disorientation. When an individual starts showing the above symptoms, known as the *ukuthwasa* syndrome, it is a sign that she should undergo training as a

sangoma. There are a number of a diviners' rituals which have to be followed in the initiation of a sangoma, two of which are discussed below. (Gumede, 1990; Hopa, et. al., 1996).

#### **2.4.2.1.1 The xhentsa**

The *xhentsa* ritual dance is regarded as the most important ritual in the initiation of a sangoma (Hopa, et. al., 1996). Schoeman (1985) describes the xhentsa as a form of dance, which consists of the pounding of the ground, hand clapping and the beating of drums. There is a strong belief that this ritual results in a refreshed mind, clear thinking ability and relaxed feeling. The xhentsa dancing is also believed to activate the nervous system therefore stimulating the progress of health and wholeness (Hopa, et. al., 1996).

#### **2.4.2.1.2 The intlombe (group therapy)**

The "*intlombe*" is a form of group therapy within which "xhentsa" takes place. The main rationale behind the xhentsa ritual is to restore the initiate's wholeness by bringing together the worlds of human beings and their ancestors. This unification includes the conscious and the unconscious, emotions, as well as the physical and the psychic aspects of the initiate. In the highly emotional process of the intlombe, the sangoma- to- be and the others in her group experience spiritual elevation which results in reconciliation with their unconscious world of ancestral spirits. This event may last for a number of days but at the end all the participants experience spiritual, physiological and physical reformation (Vontress, 1991).

It is clear from the above discussion that the training of traditional diviners (izangoma) in particular departs markedly from the training of mainstream western health providers. The biggest point of departure is in the strong supernatural orientation of initiates into divination. Even in their practice diviners continue to consult with both their ancestors, as well as the ancestors of the patients. While such an approach obviously provides a holistic approach to treatment, questions remain as to how the supernatural orientation could be effectively incorporated into the mainstream of health care. Will western-trained professionals not undermine it? For integration to be meaningful, both sides must come to accept and respect each



other's perspectives. The study teased out the roles, responsibilities, as well as the boundaries of traditional healing in an integrated health systems, as renewed by them. Despite these differences in the orientation of the two systems, traditional healing forms a large part of the African belief system. It has an important role to play in the provision of adequate health and prevention of illness, as indicated by the statistics of the number of people who consult traditional healers (WHO, 1984) The role and functions of traditional healers will be discussed in the following section.

## **2.5 The role of traditional healers**

Traditional healers are an important part of the culture and society as a whole. They are leaders of social change and adopters of new ideas. The traditional garb they wear and the bones they carry should not mislead us into misunderstanding them as this would be as good as judging an allopathic doctor by his white coat and his stethoscope (Friedman, 1998 p, 9).

There are several roles played by traditional healers in the provision of mental health in South Africa (Mafalo, 1997). Traditional healers act as mediators between people and their ancestors. They are commonly concerned with the wellbeing of the society as a whole. Indigenous healing is concerned with the holistic healing of a patient as well as all the aspects of his/her life which involves the individual himself/herself, family, community and the society as a whole (Buhrmann, 1983).

This is consistent with the traditional African understanding of health, namely that health involves not only the absence of disease, but includes living harmoniously with others, such as families, communities, and ancestors. To this end traditional healers ensure that people perform prescribed rituals in an appropriate manner in order to appease the ancestors. Rituals form the basis of the relationship between human beings and their ancestral spirits (Gumede, 1990). Rituals such as sacrificial slaughtering are necessary to maintain the bond of friendship with one's ancestors. The traditional healer is important in ensuring that the ancestors accept sacrifices and remain content. Indigenous healers are also a source of comfort and counseling. They determine the causes of an illness and provide counseling and treatment.

Traditional healers are also regarded as the preservers of African culture and as a result are highly respected and recognized by their communities, a view supported by Friedman (1998). Friedman pleads with his fellow western practitioners to get a better understanding of traditional healers before any attempts to draw any policy on the practice. He rightly points out that people cannot define any role for indigenous healers unless such an act is done in an honest spirit of partnership. Closely related to the role of traditional healers within the African communities, is their present status within the health system and this will be discussed in the next section.

## **2.6 The present status of traditional healers in South Africa**

The status of traditional healers has been a source of debate amongst researchers for the past two decades (Bodibe, 1992; Hadebe, 1986; Hopa, Simbayi & du Toit, 1996 ; Kottler, 1988). The question is whether traditional healers should be integrated into the mental health system of the country or not. The proposed integration of indigenous healers into the mental health mainstream has been widely supported (Korber, 1990; Kottler, 1988; Nzima et al, 1992). Despite the evident support for integration, the South African Medical and Dental Council (SAMDC) now known as the Health Professions Council of South Africa (HPCSA), does not recognize traditional healer's contribution to an adequate mental health care for all citizens (Edwards, 1990). In 1974 the SAMDC officially rejected indigenous healing as a legitimate practice. The Health Act of 1974 prohibited any collaborative relationship between unregistered practitioners (indigenous healers) and registered professionals (western healers) (Edwards, 1990; Freeman & Motsei, 1992).

At the provincial Public Hearings on Traditional Healing (1997) stakeholders and members of the public were asked for opinions as to how traditional healing could be regulated. These hearings were conducted as an effort to find a way forward towards the integration of the traditional healing practice into the health system of the country. The World Health Organization (WHO) has also called for the recognition of traditional healers not only in South Africa but around the whole world (Gumede, 1990). The 30<sup>th</sup> World Health Assembly held in 1977 adopted a motion to promote traditional healing worldwide. In 1978 at the Alma-Ata a resolution was

taken by the members of the Assembly that African indigenous healers should be recognized as part of the primary health care system. In contrast to the above resolutions traditional healers in South Africa have no official status and furthermore are not regarded as health care providers.

Despite the non-recognition of traditional healing practice in S.A., most western health practitioners have actually called for the integration of traditional healers into the mental health system (Bodibe, 1992; Holdstock, 1979; Hopa, 1998), a move supported by the WHO (Gumede, 1990). The recognition of traditional healing is long overdue, given that about 80% of the African population would consult a traditional healer under particular circumstances (WHO, 1978). More than two-thirds of the world's population depends on the services of traditional healers as a source of major health care.

Although the status of traditional healers is not officially recognized by the HPCSA/SAMDC there is an agreement amongst some western professionals that traditional healers have an important role to play in the provision of mental health in the country. Already there has been cooperation in some quarters. For example, in 1950 Dr. Halley Scott (the founder of the Valley Trust) established a relationship with traditional healers in the area. This partnership was continued by Dr Irwin Friedman (1980's) for the past forty years. This successful collaboration gained them an award at a meeting of the Inyanga's Association in KwaZulu Natal (Clarke, 1998). Traditional healers working in the Valley Trust use traditional methods in treating their patients but refer them to western trained doctors if need be. The patients have the right to go back to the healers after undergoing western consultation. This working alliance seems to be benefiting the patients who view their treatment as holistic and complete. It is on the basis of such information that one can say that people involved in this partnership serve as an example to the rest of the traditional healers and western professionals in the country. It is also important that the health of all citizens should be the main cornerstone of the process of integration (Clarke, 1998).

## **2.7 Calls for integration**

The fact that indigenous healers are not recognized by the HPCSA/SAMIDC has not deterred

people from utilizing their services. As a result, there has been wide support for the integration of traditional healers into the mental health system (Nzima et. al 1992). Research indicates that the theory of multicultural counseling is gaining momentum as a primary model of effective helping processes. The popularity gained by this theory has led to a call for a paradigm shift in general mental health intervention (Sue, Perdesen & Ivey, 1996). Related to this view is a need to acknowledge and recognize the resources offered by indigenous cultures (Lee, in Sue et al, 1996). Freeman and Motsei (1992) have also reiterated the need for critical planning of the S.A health care system as an effort towards a shift from a one-sided system to a more balanced multicultural health approach.

The Center for Health Policy has called for the development of a policy in relation to the role of traditional healers in the S.A health care system (Freeman 1992). A number of studies have further identified the role of traditional healers as well as the need for the integration of the practice into the mental health mainstream (Edwards,1986; Korber,1990; Nzima et.al,1992). Although these studies came up with tangible recommendations as to how this process could be implemented, such as collaboration, co-operation and total integration between traditional and western practitioners, there is a common shortcoming amongst them. While these studies have yielded important insights into the issue of traditional healing, most of them were conducted using western professionals as participants. Therefore, to a larger degree the findings are a reflection of their views and perceptions. Korber (1990) further points to the role played by culture in most of the studies conducted on integration. He maintains that most of the research has been conducted by western professional using western participants to study indigenous African healers. Schoeman (1985) also warned that no matter how positive a researcher's reasons can be in his/her study of a culturally different group, it is not easy to escape one's cultural background (in Korber, 1990). While such input is valued it needs to be balanced with the views of traditional healers themselves.

While a number of professionals have called for more collaborative work between western and indigenous mental health systems (Rappaport & Rappaport, 1981; Holdstock, 1979; Schoeman, 1985). This call is based on the perception that traditional healers have a significant role to play, particularly in the psychiatric and psychological fields (Edwards,1990) a call which

is support by the WHO (1984), such integration is not likely to be successful if the views of some of the role players, such as traditional healers, are not taken into account. It is therefore the purpose of this study to gain an insiders' perspective as to how traditional healers view such integration. Given that the call for integration has been in the literature for a while, how is integration viewed in various professional circles?

## **2.8 Attitudes towards integration**

Integration is renewed positively in certain theoretical sectors. Some theorists (Bodibe, 1992; Gumede, 1990) have argued for the integration of traditional healers into the National Health system. This is despite the attempts of the SAMDC Health Act (1974), aimed at forbidding the traditional healing practice through strict registration requirements (Hopa, et. al., 1996). Abdool Karim, Arendse and Ziqubu-Page (1994) argue that the fact that traditional cultural beliefs and practices are followed in the urban and rural areas is indicative of a need for such beliefs and practices to be catered for by our health system. In contrast to the positive attitude towards integration other theorists are doubtful about the efficacy of traditional healing into the mainstream of health care Dawes (1985, in Perry, 1995) cautions that any attempts to integrate traditional healing reifies African culture and experience. Such integration, he further argues oversimplifies the African experience and cultural transition (Hopa, et. al., 1996). Another negative view on traditional healing is from Claver (1975, in Perry, 1995). who argues that indigenous healers are representative of the past era and therefore not capable of functioning in the present time. The transitional nature of society has rendered the role of traditional healers redundant, he argues. Van Rensburg and Mans (1982) who argue that in S.A the indigenous healing practice is rapidly substituted by medical science support this view.

On the other hand Hammond - Tooke (1989) maintains that the interests of the patient should be an important concern in any decision taken. This view is based on the fact that already traditional healers cater for the health needs of a large segment of the South African population. This author called for black academics to come out with alternatives so as to facilitate the process of integration, especially given that many traditional healers have little education. In addition, most of them cannot express themselves in any language other than their mother tongue. It

would be easier for African professionals to work with the western colleagues in bringing the two parties to the negotiating table. They could also act as role models to traditional healers by encouraging them to have faith in the westerners who are interested in working with them to promote the health of all citizens. The reason for the above argument is that despite the positive attitudes from most of the western professionals regarding the integration of traditional healers into the health system of the country, research indicates that some traditional healers remain skeptical about the reasons for the high interest in their practice. (Hopa, et. al., 1996) She indicates that a significant number of the participants in her study were very concerned as to whether the motives behind her study were not attempts by the government to invade their practice. This is clear evidence that some traditional healers are not comfortable with efforts, which may interfere with their autonomy or disrupt the way they have been running the practice.

It is therefore imperative that any persons or organizations which have interests in striking a partnership between traditional healers and their western counterparts, should be able to listen to all the stakeholders, their needs, fears as well as their opinions pertaining to the way in which the process of integration should be conducted. Traditional healers particularly need to be assured through discussions and negotiations as this is the only way to help them understand the motives for integration. It is only when they have a common understanding and are confident that integration could benefit all the citizens of the country, that they can be dedicated to the process, thereby making it a success.

## **2.9 Suggestions offered for integration**

A number of authors have come up with different suggestions pertaining to how traditional healers can be integrated into the mental health system (Daniels, 1994; Hopa, et. al., 1996; Nzima et. al, 1992; Kottler, 1988). Three main suggestions stand out in the literature, namely (a) complete professionalisation, (b) collaboration and cooperation, and (c) incorporation versus total integration.

The first option suggests a need for complete professionalization of traditional healers (Nzima et al, 1992). This approach calls for the registration or licensing of traditional healers as a

basic requirement for permission to practice. According to Brammer et al, (1989), professionalization comprises giving socially useful services which people cannot render to themselves. Traditional healers can be seen as professionals in their own practice because of the fact that the services that they offer to their clients is unique and specialized. Furthermore for a person to qualify as a traditional healer one has to undergo training as an apprentice for a period between one to five years. After qualifying healers are then registered with a traditional healers organization and a certificate of registration issued (Hess, 1998). Professionalisation would therefore entail clear guidelines for the regulation of traditional healing practice.

The number of years and the intensity of traditional healers' training serve as evidence of a vast scope of skills that they accumulate and would then use in diagnosing and healing the ill. Concerning the professional organizations and publications aimed at the advancement of the profession one could argue that despite the fact that a large number of traditional healers are not learned, research indicates that they do belong to different organizations. There are a number of traditional healers' associations around the country. The Traditional Healers Organization (THO), National Traditional Healers Association of South Africa (NTHASA), and the Kwa-Zulu Natal Inyanga's Association (KZNIA) are a few examples (Hess, 1998, Clarke, 1998). The issue of scholarly publications within the traditional healers' organizations still needs to be discussed. The question of the language in which such publications would be written is also an issue to be debated. However according to this author any material to be published in the future would have to be in a language that would be understood by all the members of the organization as well as their professional counterparts. Therefore it would be suggested that publications could be written and then translated into different languages depending on the readers of the material.

A working relationship with other professions is a very important characteristic in the definition of the term "*profession*", as it means that for a person to be called a professional there is a need to work together with others in and around one's field of work (Brammer, et.al , 1989). This implies that each profession must acknowledge its limitations as well as the role of others in advancing knowledge and experience. Different professions should also have a willingness to collaborate with other disciplines for the benefit of the client. This means that both the traditional and western healing practices should strive for a collaboration in order to bring health to all the

citizens. This should not be difficult, given that as early as the 1950's interested parties have been involved in efforts towards a partnership and negotiations are still continuing even today (Clarke, 1998; Friedman, 1998, Hess, 1998 ). Although the process seems to be very slow the stakeholders are positive that they are near a breakthrough which will see an integrated health system providing health to all people in a collaborative manner regardless of their age, sex, color or creed.

Professionalization implies that there needs to be a code of ethics to be recognized by all members of a profession. According to the American Psychological Association (APA) for a profession to be seen as worthy it should have some contribution to the welfare of the people (Brammer, et.al, 1989). Practitioners within the western profession are guided by a formal code and tradition of ethical practice. In contrast the traditional healing system does have some set rules and regulations guiding its members, although as yet informal and unstructured. However in the ongoing discussions taking place country-wide, one of the main suggestions for the preparation of the traditional healers for integration is the establishment of a statutory body (Clarke,1998; Hess,1998). One of the tasks of this body would be to establish a code of ethical conduct (Summary Brief, 1997). This code will hopefully help to formally regulate the practice as well as the way the members conduct themselves thereby making it more recognized and respected by allopathic doctors. Furthermore, the code of ethical conduct will also spell out the minimum training requirements for traditional healers. Also to be addressed is the question of how to handle the various categories of traditional healers. These issues are discussed briefly below.

### **2.9.1 Intensive training as a requirement for professionalisation**

Gumede (1990) points out that all recognized categories of traditional healers undergo intensive training. It is only after the student has proved his or her expertise in a particular category that they can be certified as qualified traditional healers. This implies that traditional healers are trained and do practice as specialists, although this is not be recognized by the HPCSA/SAMDC and other professionals. However, it could be argued that usual training involves a lot of written examinations and assessments and this is not the case with traditional



healing training. Nevertheless, their training is still intensive and involves a lot of oral examinations without which the trainee cannot be seen as a qualified and competent person. The latest research into the process of integration indicates that negotiations are underway between members of National Traditional Healers In Southern Africa (NTHASA) and the Mangosuthu Technikon. The main rationale for these talks is to create facilities for a “traditional healers’ school” which would be on par with a standard medical school . This school could help in the professionalization of traditional healers with the aim of incorporating them into the HPCSA/SAMDC (Hess, 1998).

Stipulated admission requirements, acknowledged training institutions and fees to be paid are other requirements for training be regarded as professional. These are accompanied by a need for an administrative body, which will be responsible for certification of qualified members. Although presently there are different organizations which provide certificates for the newly qualified healers the proposed establishment of a statutory body would serve this purpose in an official capacity.

Nzima et al. (1992) maintain that the above-mentioned requirements point to the fact that professionalization of indigenous healing will not be an easy task. This view is further supported by Freeman and Motsei (1992), who also warn that any attempts to integrate traditional healers into the mental health care system, is likely to be marred by problems. There have been attempts to start the professionalization process as a step towards integration (Kottler, 1988). Kottler (1988) points out that there is a register of traditional healers kept by the Department of Labour in Pretoria. The need for registration proves to be only one aspect of the process of integration as indicated by previous studies. The common question asked by most writers is: “ Who wants to professionalize who and what is the exact meaning of the term “traditional healing”?

### **2.9.2 Professionalization within the traditional healing system**

Ngubane (1977) reminds us that there are different types of traditional healers and further questions whether all these healers deserve to be professionalized. Ngubane (1977) and Conco (1982) classify traditional healers into a number of categories, namely traditional doctors

(izinyanga), diviners (izangoma) and faith healers (abathandazi). This categorization highlights that the word 'traditional healer' is very broad. It is a general term referring to ancient but evolving culture bound health care practices which have existed even before the invention of science in health and medical fields (Nzima et al., 1992). Any attempts at integration therefore should begin with a clear distinction as to which categories of healing fall under the term "*traditional*". Traditional doctors (izinyanga) are the only group, legally permitted by their Association in conjunction with the district Magistrate to practice traditional healing (Ngubane, 1977). There is a need therefore, for all academics and traditional healers themselves, to come up with suggestions regarding the status of other categories of traditional healers in relation to professionalization as a means towards integration.

### **2.9.3 Collaboration and co-operation**

The second option towards integration is what theorists call co-operation and collaboration (Buhrman, 1983; Freeman & Motsei, 1992; Mabetoa, 1994). These theorists maintain that through this approach both the western and African healing systems would retain their individual status but co-operate by recognizing the importance and health value of each approach (Hopa, et. al., 1996).

Clarke (1998) argues that collaboration between the Department of Health and the Traditional Healers Associations would be most beneficial to the promotion of health in S.A. There are a number of reasons for this suggestion and of importance is the fact that traditional healing is regarded as the basis of the cultural and spiritual life of about 80% of the population. Moreover, this system is found in almost every community, be it rural or urban (Clarke, 1998). It is on the basis of these facts that in August 1998 the parliament called on traditional healers to help in achieving the primary health care goals of the country (Clarke, 1998). The first phase of this collaboration was aimed at setting up a statutory body, which is to regulate all the activities of traditional healers. Secondly, this council would also set out registration and training requirements, develop a code of ethics, and finally compile a catalogue of all the medicines used by traditional healers. Although foundations have been laid for the proposed process of collaboration, the process has not been fully established yet. The main reason for this lack of

uniformity can be linked to the vast number of bodies regulating traditional healing practice (about 200). It would therefore require a lot of negotiations and discussions before these bodies can come to an understanding and agreement about how the process of collaboration should be driven to the satisfaction of all the stake holders (Clarke, 1998).

#### **2.9.4 Incorporation versus total integration**

Incorporation would entail that traditional healers only carry out functions that are approved by their western counterparts, while integration would involve a complete merger between the two mental health systems (Freeman & Motsei, 1992). This process would lead to a new healing system in which both the traditional and western systems would be equally acceptable and respectable (Hopa, 1998). It is from the perspective of the last approach (integration) that this study looked at the perceptions of traditional healers, particularly the izinyanga and izangoma, towards the integration of the practice into the S.A mental health system.

Despite the fact that the suggestions put forth for the integration of traditional healers into the mental health system seem to point towards the right direction, it is still unclear how traditional healers feel about each proposal. For an example, would traditional healers be content with being part of the Department of Health or would they prefer to belong to their own association? Furthermore, are the healers prepared to work as subordinates to western professionals or do they regard themselves as equals in the provision of adequate health in S.A? Research indicates that although traditional healers themselves have different perspectives on this matter, they do agree that there is a need for a working relationship with the western professionals. This relationship would benefit the healers, their western counterparts as well as their clients. The Kwa- Zulu Natal Inyanga's Association (KZNIA) views such a working relationship as a way of permitting traditional healers towards legitimate and effective participation in the provision of adequate health to all the citizens of the country (Clarke, 1998).

In response to the question of total integration vs incorporation, some perhaps western trained or allopathic doctors are of the opinion that traditional healers should have a place within

the integrated Health Profession Council (Hess, 1998). In contrast, the Traditional Healers Association (THA) does not support total integration (Hess, 1998). This organization indicates that the two systems are far too different to be totally fused and supports the establishment of a traditional system which would work in parallel with the modern health system instead. Of major concern here is the issue of power, whether traditional healers would be fully recognized by their western counterparts in a totally integrated system. The need for the upgrading of the traditional healing system to the equal status of the western doctors was identified as the starting point for any effort towards partnership. According to the THA traditional healing and the western practice should operate on equal basis whereby each sector will refer patients to one another depending on the nature of the illness and the resources provided by each (Hess, 1998).

Although this view is shared by the President of the National Traditional Healers Association of South Africa (NTHASA), Ms. P. Koloko, her association also sees a need for the incorporation of traditional healers into the SAMDC/HPCSA (Hess, 1998). She views this incorporation as a vehicle towards more recognition of traditional healers by their allopathic counterparts. Furthermore, traditional healers will have powers to provide medical reports when referring their patients to medical doctors. These different suggestions can be seen as evidence of the huge task, which is facing all the participants in the process of integration. Equally important would be a study of the possible obstacles which should be dealt with before traditional healers and western professional can achieve the goal of working together in providing health to all the citizens of the country.

The above discussion highlights a number of important issues. That out of the three main options available to all stakeholders within the health system, namely professionalization, co-operation and collaboration as well as incorporation versus total integration. The most possible option, which seems to be favored by traditional healers, is co-operation and collaboration that is an improved process between modern and traditional health care delivery systems (Hopa; 1998; Korber, 1990; Mafalo, 1997). In contrast total integration, which could result in the domination of one system by the other, seems to be the least favored option. It is hoped that the results of this study will provide a foundation on which future research on the integration process itself

could be based. The possible obstacles identified by previous studies in the process of integration will now be discussed.

## **2.10 Possible obstacles towards integration**

Despite the fact that a survey of the literature indicates that integration is desirable, there are obstacles, which all stakeholders will have to overcome in the process (Gumede, 1990, Friedman, 1998, Clarke, 1998; Swartz, 1986). The fact that both western practitioners and traditional healers are not willing to change or see the world of healing from each other's point of view is an example of the possible problems towards integration. Swartz (1986) indicates that one of the main obstacles towards the integration of the western and traditional health system is the question of power relations within such a partnership. The question of power is controversial, as most western healers appear not to see traditional healers as equals in the event of integration.

On the other hand traditional healers are also determined to hold onto the power and status that they receive from their clientele and communities. In some of the studies conducted on integration most indigenous healers have made it clear that although they support integration, they prefer to establish a traditional system parallel to the modern system (Clarke, 1998; Hess, 1998). The reason for this opinion seems to be related to the protection of the status quo which the traditional healers feel could be lost were they to be totally integrated into the mental health system.

Green (1988) identified a number of issues which are presently deterring efforts towards integration. The main obstacle is the fact that the government has made no progress in developing a policy on traditional healing. Although a number of researchers have argued for the need for the accommodation of traditional healers in the mental health system of the country, there is a lack of effort from the government to draw up a policy on the status of the practice. In 1991, The Center for Health Policy drew up a policy proposal on traditional healers in South Africa. The main reason for the proposal was to put all the suggestions and recommendations put forth by research studies together in a formal proposal which would be acceptable to all the stakeholders in this process of integration (Freeman, 1992). Despite all the recommendations put

forth in that proposal little effort seems to have been done to put it into practice and the process is not yet formally operationalized.

Except for the afore-mentioned proposal, it is only recently that the government has made another effort towards integration, in the form of provincial public hearings. These were held with the aim of bringing all interested parties together in order to get their perspectives on how the traditional healing practice could be regulated (Summary Brief, 1997). The purpose of these hearings was to get inputs on issues such as the establishment of a Statutory Council for traditional healers, issuing of medical certificates by traditional healers and the medical aid coverage of the services provided by traditional healers. Different provinces responded differently but positively to all these issues. However most provinces indicated that the only way towards the integration of traditional healers into the national health system is through the provision of a policy and legislative framework. It is only then that efforts could be made to create an environment of trust and respect between traditional and western practitioners as a foundation towards greater collaboration (Public Hearings on Traditional Healers, 1997).

The focus on the negative aspects rather than the positive aspects of traditional healing is another problem to be overcome on the way to integration. Despite the fact that research indicates that about 80% of the African population consults a traditional healer with their health problems, most westerners do not recognize the traditional healing practice and its uses to society (Clarke, 1998). Traditional healers have always been seen by their western counterparts as ambiguous, anomalous and dirty, meaning that their practice was not encouraged or recommended (Kottler, 1988). Another negative view of traditional healers is related to the fact that the western practitioners refer to them as illiterate and not authentic as healers. In response to this view one could argue that traditional healers undergo extensive training that is consistent with their views on health and illness. Therefore although there is a need for traditional healers to be literate especially in the advent of integration, this should not serve as a prerequisite for their recognition by their western counterparts.

A significant number of western practitioners have started to realize and accept the importance of traditional healers in the provision of health care (Clarke, 1998; Friedman, 1998;

Hess, 1998). (Hess 1998) further notes that there are a number of cases where there is proof that traditional medicine is more effective than western medicine. The above factors serve as evidence that although some western professionals are still unprepared to recognize the importance of traditional healers not only to the African population, but the society as a whole there is nevertheless some gradual change amongst some allopathic doctors. It is only through the promotion of such an attitude that the process of integration can be speeded up.

The existing organizations of traditional healers do not have any financial support to sustain the activities of the members. Furthermore, there is continuous conflict amongst the traditional healers themselves due to commercial competition. The solution to this problem still lies in the provision of a policy document which would establish a code of conduct as well as stipulate the tariffs of traditional healers according to the required standards. The code of conduct would help to ensure that any person who fails to comply with the conditions could be prosecuted.

It is also important that traditional healers should take part in the policy-making process in order to ensure that every individual concerned is satisfied with the decisions made. This would ensure that all the stakeholders not only benefit from integration, but that they are satisfied as well. It is only when all the stakeholders are content that every individual will exert him / herself in ensuring that the main goal of integration namely the adequate provision of health care to the South African citizens, is achieved (Mafalo, 1997).

From the above discussion it is clear that the process of integration will not be an easy one. There are in equal number obstacles to be dealt with. Whether people choose professionalization, collaboration, incorporation or total integration, they will have to deal with both the advantages and disadvantages that would come with each option. One of the most problematic issues is the negative perceptions and attitudes both from western and traditional practitioners around the issue of integration. The advantages and disadvantages of traditional healing are discussed in detail next.

### **2.11 Advantages of the traditional healing system in S.A**

Dheyongera (1994) identified a number of advantages of indigenous healing systems. The accessibility of the healers to the disadvantaged groups provides alternative form of healing to the many who does not have access to modern mental health facilities. The holistic approach of the system provides systemic healing, taking into account the patient's mind, body and soul, but his/her context as well. Whilst the western healer's approach is confined to the affected individual, the traditional healer looks at mind, body, soul and total context, Gumede (1990). This means that healing is a total process involving the living and the dead, the natural and the supernatural, in relation to the problem presented by the patient. The individual is then treated within the context of his or her family, community and religion. The feasibility of services stems from the respect, recognition and trust enjoyed by indigenous healers in their communities.

Traditional methods of treatment are not confined to the use of medicine. The use of rituals as a mode of communication with the ancestors forms a cornerstone of the practice. Most of these rituals are of great therapeutic value to the patients. The reason for this efficacy could be related to the fact that interventions are based upon the religious and belief system of the patients, and are thus consistent with their worldviews. (Friedman, 1998; Gumede; 1990, Hadebe; 1986; Kottler, 1988).

The affordability of services coupled with the fact that patients may negotiate a form of payment convenient to them is a strong advantage of traditional healing. However, it could be argued that with escalating costs of modern medical services, integration will perhaps result in the serves of traditional healers being unaffordable to some. The reason for this is that the integration of traditional healers into the health care system will bring about a lot of changes including possible restructuring in the way in which services are provided. Therefore, it is possible that traditional healers could be forced by circumstances to review their consultation fees, which move will probably make their services more expensive than they are at present.



According to Bodibe (1992), in the olden days traditional healers were paid with fowls and livestock. In the present day payment is usually in the form of hard cash and a small retaining fee (ugxa) (“a fee for the opening of the doctor’s bag”). Thereafter negotiations for further payment are begun. Sometimes a patient will not pay anything until cured (Gumede, 1990; Hopa, 1998). This system of payment ensures that clients can afford the services of a healer traditional regardless of the intensity of their problem or the length of the treatment involved.

## **2.12 Disadvantages of the traditional healing system**

Mafalo (1997) has identified a number of disadvantages of the indigenous healing system. It has been argued that patients are at risk because of the rising number of ‘artificial healers’ also known as charlatans or quacks who are invading the practice. As a way of solving this problem traditional healers gave assurance that once the process of registration is underway every qualified healer would be required to have an identity card as proof of their status (Hopa, 1998). This procedure could help to differentiate between authentic and bogus traditional healers therefore protecting the health of patients and the reputation of traditional healers themselves.

There is also the issue of inadequate practices and unhygienic working conditions increasing the possibility of infection regarding the instruments used by traditional healers. Some have questioned the scientific merit of the methods of treatment used by the healers. High levels of misdiagnoses have been reported. There have also been problems associated with witchcraft and the smelling of sorcerers, which is usually accompanied by witch-burning. These are some of the serious concerns related to the traditional healing practice (Mafalo, 1997).

## **2.13 Towards a policy on traditional healing**

At the public hearings held in the provinces on traditional healing practice, a proposal was made as an effort towards a new legislative framework for traditional healers. The government’s white paper on the Transformation of the Health System in South Africa states that although traditional healers are not at this stage recognized as legitimate public health

practitioners, they should be seen as an integral part of the broader health team. The paper further indicates that the regulation and control as well as an ethical code of conduct for traditional healers should be developed to facilitate the registration procedures (Summary Brief, 1997). The main purpose of the public hearings was to get inputs on issues like the establishment of a statutory council, the issuing of medical certificates by traditional healers and the medical aid coverage for services provided by traditional healers.

The National Council of Provinces (NCOP) (Select Committee on Social Services) summarized all the reports from the seven provinces. Three main recommendations stand out from the reports. The first was that traditional healing should be formally recognized by the government. Secondly there was a call for the establishment of a Traditional Healer's Council which would yield powers equivalent to those of the South African Medical and Dental Council. Now the Health Professions Council of S.A. The Council would include the facilitation of co-operation between the traditional healers, western professionals and the government. The council would also be responsible for setting up the standards training procedures as well as the accreditation process. The third recommendation called for the standardization of the education and training programs. There was a call for the registration and co-ordination of the traditional healing activities to take place at provincial level. It is on the basis of these issues that the National Assembly Portfolio Committee is now faced with the task of ensuring that its own recommendations will be along the same lines (Public Hearings on Traditional Healers, 1997). The committee will also be responsible for way in which the Department of Health develops and implements the policy on traditional healers. The provision of such a policy and legislative framework is the main route towards the integration of traditional healers into the national health system.

## **2.14 Proposed policy for traditional healers**

The Center for Health Policy identified the following propositions for the composition of a future policy on traditional healers:

- Traditional healing should be seen as a formal and legal health care system.
- There is a need for mechanisms to be set up in order to protect the interests of the public.

- Traditional healers should have their own code of ethics and disciplinary procedures.
- A registration body to be formed with the aim of controlling and registering the traditional healers, comprised of the traditional healers themselves.
- The training and practice to be highly standardized in order to prevent unhealthy traditional healing practices.
- In addition to the 'Council' for indigenous healers, associations should also be formed to work in a consultative manner with the Council.
- Both the Council and the associations will serve the functions of health promotion, protection of the interests of traditional healers, as well as making recommendations to the regulatory authorities around issues of registration and control (Freeman, 1992, p.2).

Although the above mentioned recommendations seem very tangible, there is still a lot of research to be conducted in order to gather all the necessary information which could help in the regulation of the process of integration. South Africa could perhaps be better served by studying the process of integration in other African countries. Although not all of the procedures applied by other countries could benefit this country, they could be used as guidelines aimed at a unique integration process.

## **2.15 Integration in other African countries.**

A number of African states like Zimbabwe, Swaziland, and Mozambique, have already started with the process of integration of traditional healers into their national health mainstream (Dunlop, 1975; Freeman & Motsei, 1992). The different approaches adopted by these countries give a reflection of possibilities and problems, which stem from such a process. These are discussed below.

### **2.15.1 Integration in Zimbabwe.**

Chavunduka (1992, cited in Freeman, 1992) notes that before Zimbabwe gained independence traditional healing was regarded as inferior. However with independence came the recognition of traditional healers. In 1990 the first national association of traditional healers,

known as the Zimbabwe National Traditional Healers Association (ZINATHA), was formed. The function of the association is to regulate the process of integration under the Traditional Medical Practitioners Act of 1981 (Freeman & Motsei, 1992). According to Chavunduka (1992, cited in Freeman, 1992), they had a number of options toward integration. The one option was the incorporation of traditional healers into the National Health Services. The second option was cooperation, which would include professionalization of traditional healers. Thirdly there was cooperation between western practitioners and traditional healers, the two of which would function as independent systems. The last option was chosen, as the first two alternatives seemed risky in terms of the possibility of the bio-medical concepts of western medicine being imposed on traditional healers. Traditional healers were then integrated through a policy of registration and inclusion of traditional healers into Zimbabwe national health system. Despite this official recognition, there is still a lot of resistance both from modern and traditional practitioners towards the policy (Freeman & Motsei, 1992). One of the reasons for such resistance is the fact that some African professionals see traditional healers as a threat to their professionalism and an obstacle towards greater cooperation.

### **2.15.2 Integration in Swaziland**

According to Hopa (1998), in the early 1920's, traditional healing was not recognized in Swaziland. Around the 1940's attempts were made by traditional healers to get their practice recognized by the government. Between 1952-1955, traditional healers were voicing their need to be recognized and His Majesty, King Sobhuza issued an executive "order in council" (Order No.2 of 1954). The main function of this council was to regulate the registration of traditional healers who were categorized according to the number of illnesses they were able to treat (Hopa, 1998). The regulation on acts of misconduct, malpractice, fees and taxation of traditional healers was also passed in 1954. Maseko (1992, cited in Freeman, 1992) suggests that this can serve as evidence that traditional healing operates in parallel with western medicine in Swaziland. Although traditional healing has not yet been given formal recognition, the government has made efforts to encourage collaborative relations with traditional healers (Freeman & Motsei, 1992). For an example in 1983 traditional healers were given training in oral rehydration using free packets of rehydration salts from UNICEF. This training was the

governments' response to traditional healer's request for information on prevention of death from dehydration-related diseases like cholera (Freeman & Motsei, 1992).

### **2.15.3 Integration in Mozambique**

At the times of Mozambique's independence in 1975, only the government, (Hopa, et. al, 1996), recognized the western approaches to health. However a larger part of the population still consulted traditional healers with their problems, and this created tensions between the government and the people who felt that their cultural rights were being infringed upon (Freeman & Motsei, 1992). These tensions led the Freedom Liberation Movement (FRELIMO) government to realize their mistake, and in 1977 several medical students and health care workers met with traditional healers at the third FRELIMO Congress (Freeman & Motsei, 1992; Hopa, 1992). It was at this congress that traditional healers were allowed to have an open unit for the study of traditional medicine despite the fact that the government did not clarify its position regarding the recognition of the practice (Freeman & Motsei, 1992; Hopa, et. al, 1996). In 1989 traditional healers established their own national association and the Ministry of Health is supporting their efforts to get a new legislation (Hopa, et. al, 1996).

The above discussion serves as evidence of the complexity of the process of integration and the lesson that South Africa can learn from its neighboring states is that any option chosen will have its possibilities and problems. This calls for all the stakeholders to investigate the possible and suitable option for the South African context.

### **2.16 Chapter Summary**

This chapter reviewed various professional sectors attitudes towards integration. It also explored the present status of traditional healers, suggestions offered for integration as well as possible obstacles towards the process. Different approaches used by other countries in the integration process were also explored. Past research on the integration of traditional healers into the national health mainstream leaves a number of question unanswered. For an example if traditional healers are officially recognized the following questions would need to be addressed:

- What will be the nature of their relationship with modern western practitioners?

- Will traditional healing be regulated by the modern health sector and what will the implications of such an exercise be ?
- Will traditional healers become part of the national health system or would they operate independently?

These questions are a challenge to South African scholars and traditional healers, and obviously, more research is called for. The following are the research questions of this study, arising mainly from the literature reviewed above:

- What do traditional healers perceive as their role in the process of integration?
- How do they perceive their position within an integrated system?
- What are the boundaries, if any, within which they would like to operate within an integrated system?
- What obstacles do they foresee that might deter the process of integration and what measures could be employed to overcome these?

## **CHAPTER 3**

### **RESEARCH METHOD**

#### **3.1 Introduction**

This chapter presents the methodology employed in this study. First, the research participants are described, followed by a description of research instruments (the interview technique) and procedures of data collection, research design and data analysis.

#### **3.2 Participants**

Participants in this study were drawn from areas in and around Pietermaritzburg. Access to participants was gained with the help of a prominent person who is the secretary of the KwaZulu-Natal Inyangas Association. The selection of participants was based on purposeful sampling. This sampling procedure ensures that participants are studied in typical settings representing a population of interest, thereby increasing the likelihood of obtaining pertinent and relevant information (Maxwell, 1996). Furthermore purposeful sampling helps to ensure that the results give a total range of variation in the participants being studied.

Fourteen (14) participants took part in this study, 7 of whom were izangoma and the remaining 7 izinyanga. Although most izangoma are females (Bodibe, 1992; Gumede, 1998; Hopa, 1998), out of the seven izangoma in this study, one of them was a male. The other seven participants (izinyanga) were males. The age range of all the participants was between 30 and 55 years. Their level of education ranged between those who never went to school to those who had post-matric qualifications. Two of the participants, one an isangoma and the other an inyanga, reported to have been former nurses but had to leave their professions because of their calling.

The main reason for the number of participants was to ensure manageability of data as well as adequate interpretation and systematic analysis of results. This is supported by van

Zuuren, Wertz & Mook (1987), who defend the use of small samples in qualitative studies stressing that such small numbers provide a good foundation for analysis of the data.

### **3.3 Instruments and methods of data collection**

For the purpose of this study, data was collected by means of semi-structured interviews (see Appendix 1). The use of interviews for data collection ensured a number of advantages. Firstly, interviews afford the researcher a greater chance to establish rapport with participants (Cozby, 1993). As indicated earlier, rapport is very important in a study such as this one because traditional healing is an extremely cherished and respected part of African culture and tradition (Freeman & Motsei, 1992). Secondly, this method allows the researcher to probe for clarity on the answers given, thereby providing more relevant information (Cozby, 1997). This helped the researcher to get more insight into the perceptions of traditional healers including their doubts and fears about integration. The author formulated the interview questions and they were structured in an open-ended manner. Open-ended questions helped the author to probe deeper into respondents' thoughts and feelings, thereby prompting them to expand beyond the "yes" and "no" answers were sometimes given to the researcher (Egan, 1998).

#### **3.3.1 Pilot study of the instrument**

The interview schedule was piloted on 4 healers (2 of them izangoma and the remaining 2 izinyanga). These participants were chosen through contacts in the field of traditional healing, the main concern being that both groups were represented.

The rationale behind a pilot study was to test the method to be employed in this study. Secondly, the pilot study helped this author to formulate additional questions and new ideas for the study. Finally, it also afforded this researcher an opportunity to test the best way to phrase questions posed to traditional healers. This early understanding gave this author an opportunity to assess the need for exploration of new questions and themes as well as problems to anticipate in the main study. The importance of such an early understanding of traditional healers conceptualisation of issues and the meanings they assign to various words and concepts is that it



serves as part of the theoretical framework of the whole study (Maxwell, 1996). No major difficulties were experienced during the pilot study except for a few revisions to the interview schedule, such that more probing questions were incorporated.

### **3.4 Procedures**

A meeting was held with the Kwazulu-Natal (KZN) Secretary of the Inyanga Association to explain the purpose and requirements of the study. Participants were chosen by the researcher on recommendations from the secretary of the KZN Inyanga Association, who guided the process of data collection by acting as a middleman between the researcher and the participants, giving advice and guidance on traditional and cultural issues where appropriate. These involved issues such as the importance of removing ones' shoes when entering the traditional healer's homestead as well as the need for the researcher (who is a woman) to always respect the cultural rules of politeness in the course of conducting the interviews. The process of data collection went smoothly and the researcher gained a lot of experience around cultural issues such as language, customs, rituals and beliefs that might have had an influence on the findings of this study.

Because most izangoma and izinyanga are Zulu speaking, an interpreter who has knowledge of psychology (honours student in psychology) and has some interviewing skills was used for assistance. However the researcher was following what was being said because she has a fair understanding of Zulu. The reason for the use of an interpreter was for her to help the author with the clarification of the complicated Zulu terminology. A tape recorder machine was used for effective data capturing and for the purpose of reviewing interview contents. All the above procedures were engaged in to enhance the trustworthiness of the data collected.

### **3.5 Research design and analysis**

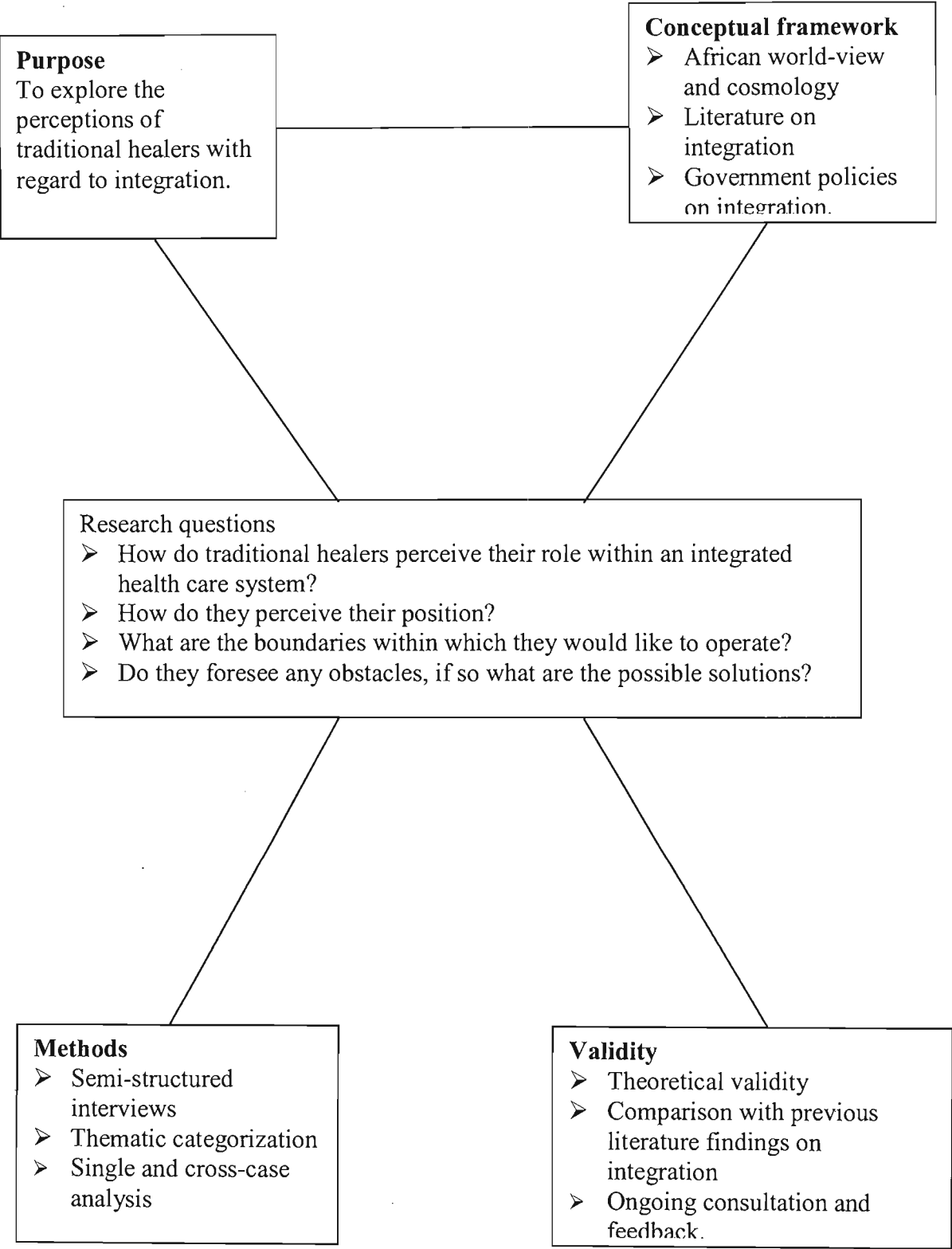
Maxwell, (1996) has proposed that in qualitative studies, design be reconceptualized as the coherence between the various elements. His model of design, which he called the

interactive model, consists of five sets of issues essential for the coherence of a study. These components are:

- (a) the purpose of the study
- (b) the conceptual context, usually referred to as the literature review,
- (c) the research questions.
- (d) the methods, and
- (e) issues of validity and reliability.

The purpose of the study pertains to its goals, the issues it intends to illuminate, while the conceptual context is the theoretical framework and other research studies that form the basis of the study. Research questions are at the core of the model, and constitute the issues the researcher wishes to understand or to know. Methods reflect the strategy used to collect and analyze data, while validity deals with the plausible alternative explanations, that is explanations other than those propounded by the researcher. These five components are all interdependent, and together constitute the underlying scheme or design of the study (Maxwell, 1996). This study was conceptualized within the African world-view and cosmology, and this constitutes its contextual framework. Data were collected using a semi – structured interview schedule. Open-ended questions were employed to allow both the participants and the researcher an in-depth exploration of the topic. In an effort to ensure the theoretical validity, the findings were compared with previous literature on integration. Ongoing feedback from colleagues and supervisor was sought to check for any discrepancies and to confirm the findings. Figure 1 provides a diagrammatic presentation outlining the design of the study using Maxwell's (1996) framework.

Figure 1. Conceptualising the design of the study



The main weakness of this type of research design is the fact that it only allows the researcher to describe phenomena. The reason for this is the fact that there is no hypothesis testing and as a result no causality or inferences can be drawn from the data collected. The data collected only describes current attitudes, perceptions and fears of the respondents however, the design is suitable for a study such as this one, which is exploratory in nature.

The study in general was designed so as to enable the author to be in a continuous relationship with the izangoma and izinyanga. This implies that contact with the traditional healers did not end with the interviewing session. There was continuous consultation with relevant persons for more information, clarification and confirmation of issues of importance.

### **3.5.1 Analysis of results**

Analysis began immediately after data collection had been conducted. Personal memos, coding and thematic analysis were employed in the initial stages of data analysis (Maxwell, 1998). The process of analysis started with the transcription of the tape-recorded data, which was then corroborated with the field notes. This process was undertaken after every interview, whenever possible. The researcher read through all the transcripts to get fully acquainted with the responses from the participants. A colour coding system was developed and the key ideas were identified in order to code the data into thematic categories (Miles & Huberman, 1994). The sub-themes, which came up from the analysis, were identified and clustered into common configurations in order to avoid losing them in the process. The categorization of data into clusters of themes and sub-themes enabled the researcher to make comparisons within as well as between cases (Maxwell, 1996).

Open - coding formed the basis of analysis, the reason being that the study was designed in such a way that there was continuous data collection.

This presented the researcher with an option to revise themes as new data became available. Open-coding serves the purpose of allowing for the creation of new themes or the conversion of initial codes in future analysis (Neuman, 1994). From the continuous coding of data from the interviews, information was grouped into themes emerging throughout the interview transcriptions (Regan-Smith, 1991). These themes were based on important concepts such as the attitudes of traditional healers towards integration, perceived obstacles as well as possible solutions to these obstacles.

### **3.6 Validity and reliability**

The trustworthiness of the data collected is a major source of reliability in qualitative studies. An effort was made to use relevant and reliable sources like previous theses, journal articles and books written on the issue of integration (Daniels, 1997; Hopa, 1998; Mafalo, 1997). The tapes and notes were continuously consulted in order to confirm issues of importance. Some participants were re-interviewed in order to confirm the reliability of the initial information. Furthermore, in an effort to enhance the validity of this study, the researcher took a lot of written field notes which were aimed at confirming the contents of the tape recordings (Morse, 1989).

The main question pertaining to the validity of this study was addressed through the concept of theoretical validity. This refers to the question of whether the results of the study make theoretical sense (Miles & Huberman, 1994). In order to ensure the theoretical validity of this study, the findings were compared to those of the previous studies on the integration of traditional healers in the mental health system (Nzima et al., 1992). The results were also interpreted with reference to the traditional African understanding of health and illness discussed earlier.

Subjects' response sets and interviewer bias (Cozby, 1997; Maxwell, 1996) were two problems related to the validity of this study. To eliminate the chances of the participants giving answers that they assumed to be culturally or socially appropriate, the researcher was open and honest about the purpose of the study, including its potential value to all people, particularly the traditional healers themselves. The izangoma and izinyanga were given assurance that their

perceptions on integration were not to be used against them but that their honest reflections might help other mental health professionals to understand their needs, aspirations and the practices as a whole. It was only through such a process of negotiating consent and rapport that the participants felt free to communicate their feelings to the researcher without holding anything back.

To overcome interviewer bias the researcher made an effort to remain as neutral and objective as possible (Maxwell, 1996). However, it can also be argued that it is very difficult to be neutral. As a result the author continuously reflected on her own prejudices, a kind of dialogue or reflexivity during data collection. All the above factors were done in an effort to enhance both the reliability and validity of the results obtained from this study.

Another important measure in ensuring the validity of this study was feedback. According to Maxwell (1996), receiving feedback from others is a useful strategy to identify validity threats, interviewer biases as well as other possible flaws in the methodology of the study. For the purpose of this study, a variety of people were used as sources of feedback. These included those participants who were identified as important sources during the data collection, for an example the Secretary of the KZN Inyangas' Association and the President of the KZN Midlands' Sangomas' Association. Both participants were re-interviewed in order to confirm the validity of the findings. Other people who were used as sources of feedback were colleagues and the supervisor of this study. As indicated by Maxwell (1996), this diversity amongst the two groups would provide the researcher with different kinds of comments, which will have great value to the study.

### **3.7 Ethical considerations**

The cultural dynamics involved in working with traditional healers raise a number of ethical issues. The first ethical issue was the question of informed consent. Most of the participants were wary of attaching their signatures to the informed consent forms and at the same time they were not happy with giving verbal consent. Most of them saw a verbal agreement

as being insufficient as an indicator of their participation in the study. The main reason for scepticism in signing the forms was the fact that most of them were not literate.

Informed consent was negotiated through an explanation of the process, which, indeed was very unfamiliar to the traditional healers. This was followed by a discussion of the notion of informed consent. Information about the right not to participate or to withdraw from the study formed part of the informed consent procedure. Furthermore I took it upon myself to read the forms slowly and patiently until each subject had a clear understanding of the contents thereof. Eventually all the participants were happy to sign the consent forms as this, in the words of some of them, “ was evidence of their participation in the study which could change their lives”.

Laubscher (1937,cited in Swartz, 1991) warns that it is important to gain total confidence of one’s participants in order to overcome their fears and suspicions. For an example a few of the izinyanga with whom I conducted the interviews indicated that they needed a full explanation of the study. Their main concern was that they needed to make sure that I was not from the Health Department and the purpose of my visits was not to “spy” on their practices. Secondly, the participants needed assurance that whatever they communicated with the author would not be used against them in the future. After I had explained the purpose of the study and having gained the confidence of the participants, the next step was to assure all the participants that their information will held in total confidence, especially their names and addresses. An attempt was made to deal with all questions raised during the process in an honest a manner as possible.

### **3.8 Chapter summary**

This chapter presented the research methodology employed in this study. This included description of research participants, how they were selected and the reasons for such selection. The research instrument as well as procedures, research design and data analysis, were also described.

## CHAPTER 4

### RESULTS

#### 4.1 Introduction

The analysis of the results led to an identification of five overall thematic areas. The first thematic area concerned the role of traditional healers within an integrated health system. Most participants saw ‘their role’ as the provision of alternative healing, mediating between the living and their ancestors and finally, the treatment of “ spiritual illnesses”. The second main theme involved the traditional healers’ perceptions of integration. Most participants perceived integration as a positive step, which would bring about unity amongst all health practitioners. This process was also seen as a source of economic empowerment and recognition for traditional healers. The third theme concerned the obstacles in the integration process as well as the solutions thereof. Disunity amongst traditional healers themselves was identified as the main possible obstacle towards integration with western practitioners as most participants indicated that if they cannot work together on their own, accommodating modern health practitioners would be difficult, if not impossible. Concern about intellectual property rights was the second possible obstacle. This refers to the fear that their healing knowledge and use of herbs could be patented by their western counterparts without their consent. Closely related to this were the fears about the handling of financial matters within an integrated system. Plausible solutions to these obstacles included improved education amongst traditional healers, and the facilitation of communication and understanding between traditional healers and western-trained professionals.

With regard to the various options available towards integration, participants were against total integration, which, they predicted, would not be successful. Instead they supported collaboration and co-operation as the best way for traditional healers and western practitioners to work together effectively and efficiently. All participants were in favour of an equal status relationship with western practitioners within an integrated system. Finally, there was the issue



of their understanding or theoretical explanation of illness, mostly influenced by the holistic view of the person and their environment which, it was felt may be difficult to put into practise within an integrated system. These findings are discussed in more detail in the following section. The extracts as quoted verbatim from the participants are typed in italics with the important terms and words in bold.

## 4.2 The role of traditional healers

Functions of traditional healers within an integrated system were identified as (a) the provision of an alternative form of healing, (b) serving as a medium of communication between patients and their ancestors, and (c) treating “spiritual illnesses”.

### 4.2.1 Alternative healing

A number of participants saw their role within an integrated system as that of providing alternatives to western healing methods. For an example most of them argued that in certain cases surgical procedures were performed for illnesses they could cure with herbs. Some were adamant that they could cure any illness with herbs. This issue is demonstrated by the following extract from one of the participants:

*We traditional healers don't allow our patients to go to theatre, whatever their illness, because we have the herbs to kill that thing, therefore there is no need for such a patient to go to theatre, that is the first point (pause). Secondly, (long pause), the illnesses that I deal with a lot are called 'isifo sabantu' for an example, impotency is one of the illnesses which western practitioners are unable to cure. Then there is appendicitis, when they say that a person is suffering from appendicitis, besides taking the person to theatre, they cannot cure it. I say I do cure that. The western professional cannot do that and I'm challenging them (to give me a chance to demonstrate my knowledge).*

#### 4.2.2 Treatment of “spiritual illnesses”

A number of participants elucidated the role played by traditional healers in the treatment of “*spiritual illnesses*”. As they pointed out some of the diseases have a spiritual origin and “cannot” be cured by western healing procedures. For example one participant said:

*There are a lot of diseases, especially what ‘we’ call African or spiritual illnesses that western practitioners, who studied from university, don’t know about. For an example, most of my patients are not sick but have got **idlozi** (ancestral spirits). Such patients cannot be cured by western healers, and if any attempts are made to treat their symptoms, they might either end up mentally disturbed or even die. When we are integrated the sangomas and izinyanga would be able to cure such patients (through the process of **ukuthwasa**), and give advice to the medical doctors that this person is not sick but needs a particular ritual (**usiko**) in order to cure his/her condition. This is because there are some spiritual illnesses, which they don’t know” about and therefore cannot be able to deal with. In contrast we as traditional healers are able to use methods such as divination which plays an important role in the treatment of illnesses.*

#### 4.2.3 Medium of communication with ancestors (through impepho)

The other role, for traditional healers identified by participants within an integrated system, is that of having the unique ability of acting as a medium between people and their ancestors. This process of conversing with the patients’ ancestors is done through the use of incense and a special language which the spirits can hear and understand. This is an important dimension in African society and forms the basis of any consultation and intervention used by a traditional healer. As indicated by the isangoma in the following extract, the incense (impepho) is regarded as a diagnostic tool in the traditional healing practice:

*Yes, our consultations and diagnoses of our patients are started with the burning of **impepho** (incense), telling the ancestors to give us light as to the nature of the patients’*

*illness, what type of treatment he/she requires so that the ancestral spirits can indicate that this patients should be cured in this way, or go and slaughter (offer a sacrifice). There is no need for such a patient to be treated otherwise, or given different medication or undergo surgery.*

The extracts above constitute what traditional healers perceived as their possible role within an integrated health system. Divination and the burning of incense (as a medium of communication with the ancestral spirits), were identified as the most important methods used by healers in their diagnosis and treatment of illnesses. The other alternative method of healing was the use of herbs especially by izinyanga (herbalists) for the treatment of different diseases. The afore-mentioned healing methods are viewed by participants as a holistic approach to ill-health and the treatment thereof as well as alternatives to western healing procedures. These perceptions can be related to their views on integration and its possible implications to both the western and traditional health systems. This theme is discussed in the following section.

#### **4.3 Integration: Perceived obstacles and solutions thereof**

Several issues emerged in response to the question of integration. The participants indicated that integration was a positive step and a source of unity amongst all health practitioners. Further, this process was identified as a form of economic empowerment and recognition for traditional healers. Possible obstacles highlighted by traditional healers included issues such as the prevailing disunity amongst themselves. This disunity was seen as a major potential threat to any relationship with western practitioners.

There were also fears around intellectual property rights, such as the possibility of the patenting of their indigenous healing practices by their western counterparts without their consent. Closely related to this issue, were the traditional healers' insecurities about the handling of monetary matters. Participants voiced their concern about possible dishonesty from western practitioners around financial contributions such as registration and affiliation fees, which if highly inflated, could become a problem. In an effort to deal with these obstacles, two possible solutions were offered by participants, namely improved education amongst traditional healers,

and ongoing negotiations with their western counterparts. Education of all stakeholders about their respective healing systems and negotiations were identified as possible solutions to all the foreseeable problems.

#### 4.3.1 Integration as a source of unity

Most participants appeared to be very positive about the process of integration. The participants perceived integration as a necessity and a means to unite the two major health systems of the country. The following is an example:

*It means unity when we are integrated. This means that we have got strength to talk in one voice. Every person cannot stand on his/her own, it means that the izinyanga and the izangoma cannot function away from the faith healer or the medical doctor. This is a necessity, we are people, and we need to work together in this thing, so that we can have the ability to work with the ill person.*

This extract also indicates a perception on the traditional healers part for a multi-disciplinary approach to illness.

#### 4.3.2 Integration as economic empowerment and recognition

One participant, an inyanga, saw integration as a process, which could bring about opportunities and as a result improve their standard of living:

*Integration can lead to great opportunities because now I will then be a person who is not staying in a 'tin-house' as it is the case now.*

The above perception was supported by another inyanga, who welcomed the process of integration as a weapon to help traditional healers to fight for their recognition and freedom of practice:

*Integration will imply that we get full recognition from our western counterparts and this will give us freedom in our work. But this will not be done for ourselves but for the benefit of our patients.*

The majority of participants perceived integration as both a positive and imperative step. They appeared very eager to be involved in a process of this nature. Evidence to this eagerness is indicated in their efforts to provide the researcher with possible solutions to the obstacles in the process of integration. Their main motivation is that they saw it as imperative to work hand in hand with their western counter-parts in order to provide adequate health to all the citizens of the country.

#### **4.4 Perceived obstacles:**

Responding to the question of the possible obstacles, which could deter the process of integration, the participants identified a variety of issues. Problems such as disunity amongst themselves, lack of recognition from their western counterparts and several others were raised.

##### **4.4.1 Disunity among traditional healers**

Several participants voiced their concern about the disunity prevailing amongst themselves, and they saw this as the main stumbling block towards any relationship with western practitioners. Further, they felt that any efforts towards integration should begin within the traditional healing system itself, as a way of ensuring that the integration of the two systems is based on two individually united health systems. It is only then that efforts towards integration between western and traditional healing systems could be a success. The following is an example of the traditional healer's perceptions on disunity among traditional healers as a possible obstacle:

*Because we as izangoma and izinyanga are not integrated, the izinyanga have never respected the izangoma. The large numbers of the izangoma are females, there is no female person who can become an inyanga. Therefore when we are integrated in one place, we are going to end up being treated as equals, however, these females will still be undermined.*

The above extract points to the existence of gender and power issues within the traditional healing system. It is such issues, which traditional healers indicate as forms of disunity, which will need to be dealt with if the process of integration with western professionals is to be successful.

#### **4.4.2 Intellectual property rights**

There were also concerns about the possible lack of recognition from the western practitioners. Further, participants voiced their fears that their healing and herbs may be patented by their western counterparts without their knowledge:

*The problems that I foresee with integration is when a person (western practitioner) seeks knowledge, and then after I have provided him/her (western practitioner) with the knowledge, he/she then take credit for my discovery. That is why we say that they might drain knowledge and takes credit for our discoveries.*

#### **4.4.3 Insecurities about handling of financial matters**

There were also fears of possible domination by the western practitioners, as well as insecurities surrounding the handling of financial matters:

*The possible obstacle will arise from their (western practitioner's) possible dishonesty around monetary issues. If integration would lead them to ask us to contribute large sums of money, this will lead to problems, it will be difficult. Maybe the money will be for ordering western medication, you see that? The money is needed in order to buy medicine to treat and cure patients. However, if the money is going to be "heavy"(too much), it is then that we will experience difficulties.*

## 4.5 Possible solutions

The participants came up with several suggestions, which could be employed as possible solutions to the obstacles identified. For an example, as a way of dealing with the possible lack of recognition from the western practitioners, improvement of traditional healers' level of education was recommended. Further, education of western and every community about the traditional healing practices were, also seen as a necessity.

### 4.5.1 Education as a possible solution

A number of participants identified education about both health systems as the solution to most obstacles highlighted in the previous section:

*According to my own point of view, the main solution is for traditional healers to be educated, not that they are not. After they have been educated, they should then be informed that now everybody is going to be the same. There is also a need for western practitioners as well as communities to be educated about the role of traditional healers in providing health to patients.*

### 4.5.2 Negotiations as way forward

The second possible solution was the use of negotiations as a step towards the implementation of integration. Procedural issues such as power relations between the two systems were pointed out as important to the process of integration:

*There is a need for negotiations. The people who are building this thing should know who talk to from both the western and traditional systems. Because presently this traditional healing practice is not easy and it is in an unstable position. This might help all the stakeholders to establish the foundation for integration, because both the*

*traditional and western practitioners will then have the information as to who to contact, who to talk to and what to do with whom.*

#### **4.5.3 Collaboration and co-operation**

Most participants made it clear that they preferred collaboration rather than total integration, the latter being perceived as complex and impossible:

*Although integration is very important, there should be two different departments functioning independently of each other. Traditional healers should have their own Department under their own Minister. They can then work on a consultative and collaborative basis with western practitioners. The reason for this opinion is that it won't be easy for one Minister (from the western background) to represent traditional healers when he/she does not have any experience in the practice.*

Similar feelings are reflected in the following extract from an isangoma participant:

*According to my own perception, there is a need for traditional healers and western practitioners to work side by side in separate surgeries in order to work collaboratively in helping patients. If the medical doctor experiences problems, the patient can be referred to the Zulu doctor and vice versa. I support collaboration, not total integration as this will not succeed. However there is a need for interdependence, with a Zulu centre and a western centre.*

In support of the above statement, this is what another isangoma said :

*We can work collaboratively but not totally integrated under the same roof because we have different ways of practice. There is no need to work under the same roof, but it is important to work collaboratively, to share our patients. We need to work in that manner, to collaborate for the benefit of our patients.*



In conclusion, most participants perceived the education of all stakeholders about each other's health systems as one solution to the obstacles identified. It was felt that such education could help eradicate misconceptions about traditional healers, which could otherwise lead to a power imbalance in an integrated system. Collaboration, rather than total integration, emerged as a preferred choice for successful and effective integration. This concept was also emphasised in the following sub-theme on boundaries and alternatives on integration

A large number of participants are aware that the integration process will not be an easy one. The possible reason for this perception can be attributed to the fact that each system has a unique background, values and cultural beliefs and this might not be shared in between the two groups. The alternatives offered by the participants as the most feasible are closely related to the way in which they perceive their position within an integrated health system.

#### **4.6 Position of traditional healers within an integrated health system**

Equality amongst traditional healers and western practitioners within an integrated system emerged as the most central sub-theme.

##### **4.6.1 Equality amongst all the stakeholders**

In contrast to western practitioner's view of traditional healers as unlearned and inferior, the participants perceived themselves as equal to western-trained practitioners in their knowledge and experience of dealing with health and illness issues. As a result most view themselves as partners with the same status as their counterparts within an integrated system. Evidence to these perceptions is provided in the following extracts:

*I find traditional healers in a position that allows them to be equal to the western practitioners in an integrated system, without anybody being subordinate and the other in command. It is important for us to operate on equal basis in order to make collaboration easy.*

Another participant who said supported the above statement:

*It is necessary that we should be equal, and we must be treated as such, because these two systems have the same function for the society, that of promoting health and preventing illness.*

Participants' views with regard to integration, particularly their preference for collaboration rather than total integration, could be stemming from the fact that the two health systems are based on different philosophies and assumptions about health and illness. This difference is highlighted in the following section which concentrates on traditional healers' understanding of illness, which is embedded in the African worldview and cosmology.

#### 4.7 Understanding of illness

Most participants perceived illness, whether physical or psychological, within the African world-view. The notion of illness and as a result treatment is seen as involving not only the individual but it also includes those around him/her, including the ancestral spirits. According to the traditional African world-view the ancestors are the ones who determine the well - being or ill - health of every individual. Traditional healers' understanding of illness is based on this notion. The following extract from an inyanga fully captures and emphasizes this view:

*These mental illnesses have three categories: there is the first one that of the ancestral spirits and once a person is experiencing these spirits he/she can be disabled by 'amadlozi'. Therefore we need to conduct an investigation in order to find out as to how his/her illness connects with spirits. If there is a connection then the patient needs to accept the calling and undergo training to become a traditional healer. The first sign of the **thwasa** illness is mental confusion. However such confusion can sometimes be attributed to a person being overloaded by family problems. If this is a case then we burn **impepho** in order to get the illness out of the patients' mind. That is another type of illness, which leads the patient to lose his/her mind. The third type of illness is caused by being involved in a lot of things in life. You will see the person at a disco, in the shebeens trying to be involved in everything. The person will be trying to do all the things at the*

*same time in his/her life. These things will lead to mental exhaustion, resulting in mental burnout. All these lead to mental illness and thus a person needs to see a psychologist who will make them aware of the dangers of their ways of living.*

The notion of health and causality of disease seems to form the cornerstone of the traditional healing system. This notion, called the African worldview emerged as the common perception amongst the entire participant's concerning how they understand illness. This understanding will have an impact on the integration process as a whole as it is totally different to the western practitioner's biological understanding of health and illness.

#### **4.8 Concerns raised from this study**

Despite the fact that all the participants perceived integration as a positive step within the health system, there are a number of important concerns that might serve as a foundation for future studies on integration:

- The obvious disunity amongst the traditional healers themselves seems to be one of the participant's main concerns. It is evident from their perceptions that it is only when they are integrated as a system, that a working relationship with the western practitioners can be attempted.
- Related to the above concern is the problem of bogus traditional healers, who use the system to enrich themselves at the predicament of the patients. The feeling amongst the participants is that this problem should be attended to, so as to prevent these 'charlatans' from being included in an integrated health system. Such an error could lead to the legitimate traditional healing system being discredited and therefore shunned by their western counterparts.
- Possible domination of traditional healers by their western counterparts as well as fear of the practice being 'swallowed up' within an integrated system also emerged. The participants' fears around this issue ranged from being undermined by the western practitioners to being coerced into paying large amounts of registration or affiliation fees.

- The participants made it clear that given all the options for working with the western practitioners, collaboration and co-operation are the preferred route. These were identified as the most possible and feasible, instead of total integration, which according the participants, could only lead to conflict and failure of any working relationship.
- Participants felt that if the process of integration is to succeed, it is important for them to be recognised as equal partners to their western counterparts within an integrated system.

#### **4.9 Chapter summary**

This chapter presented the results of the study. The participants perceived themselves as alternative healers, mediators between persons and their ancestors as well as having the ability to treat “spiritual illnesses”. Integration was perceived as a source of unity and economic empowerment for traditional healers. Disunity amongst traditional healers themselves emerged as the main obstacle towards integration. Insecurities about intellectual property rights as well as the handling of financial matters were identified as other obstacles. In response to the question of solutions to these problems, participants identified education about each other perspectives as the starting points.

With regards to their position within an integrated system, participants were in favor of an equal status amongst all stakeholders. However, they also spoke in one voice that they would prefer collaboration and co-operation to total integration. This was attributed to the vast differences between traditional and western health systems. This perception can also be related to traditional healer’s understanding of illness which is grounded in the African worldview and cosmology. It was felt that this world-view is unique to the traditional healing practice and cannot be easily understood by western practitioners. These main findings will be discussed in detail in the next chapter.

## **CHAPTER 5**

### **DISCUSSION OF RESULTS**

#### **5.1 Introduction**

The main aim of this study was to investigate the perceptions of traditional healers, particularly izangoma and izinyanga, on the integration of their practice into the national health system. This chapter focuses on a detailed discussion of the results in comparison to the previous literature on integration. In particular, the results of the study are discussed in relation to the theoretical concept of cultural relativism, which informs the African worldview of health and illness (Hewson, 1998). The role that traditional healers identified for themselves within an integrated system is discussed first. What sense can one make, for an example, of the fact that traditional healers see themselves providing an alternative to western-based healing?

#### **5.2 The role of traditional healers**

Most of the participants perceived their role as three-fold: providing an alternative healing system, acting as a medium between human beings and his ancestors and an ability to manage “spiritual illnesses”. How does one make theoretical sense of this? Perhaps this understanding is explained by the notions of cultural relativism and world-view.

##### **5.2.1 Cultural relativism and world-view**

The perception of traditional healer’s as providers of alternative healing is largely based on the African worldview of illness. This worldview is informed by the theory of cultural relativism (Hewson, 1998). According to this theory the concepts of healing should be interpreted within the worldview of the patient and those of his/her cultural group. Furthermore this theory argues that people need to be seen and dealt within their cultural context. As indicated by Myers, (1988) the importance of the way in which people view their world as well as how others view them within such a world, lies in the fact that it is this way of viewing our world which determines

who we are and where we are going. This implies that according to the theories of cultural relativism and world-view, people do not exist in a vacuum, but in relation to their world and those living in it. It is from this holistic perspective that traditional healing approaches illnesses and the treatment thereof. This approach emphasizes the role of culture and tradition in the treatment of diseases. It is only if a person is approached from his/her cultural perspective that there can be an improvement in their problems (Myers1988). This holistic healing on which traditional healing is based, encapsulates termination of suffering, controlling symptoms and restoring physical and psychological functioning and social relationships (Hewson, 1998). However it, should be noted that this type of healing is different from western healing which operate from an individual perspective, where the patient is to a large degree, the only one who is dealt with during his/her treatment. It could be argued then that this is one difference between traditional healing and western healing which could lead to a number of problems in an integrated setting. For an example, the fact that healing from the traditional healer's point of view encapsulates the whole world of the patient (physical, psychological and the social world), implies that a lot of people are involved in the treatment of an individual. Modern medicine on the other hand concentrates on the patient, without considering his/her cultural background. Such differences could lead to a lot of misunderstanding between the two health systems in relation to the procedure and duration of treatment, which could then hamper the goals of an integrated health system.

Holistic healing is usually based on the interdependence between persons and their ancestors. As indicated by Gumedé (1990), most Africans believe in ancestral spirits whom they regard as their protectors against misfortune as well as providers of holistic health. Hadebe (1986) further indicates that the notion of being healthy and ill is based on the concept of spiritualism. This spiritualism is characterized by a belief in life after death wherein a person continues to live as an ancestral spirit. Closely related to the concept of ancestral spirits is the strong belief in God. In his study of Zulu cultural beliefs, Vilakazi (1962), found that the ancestral spirits consulted through traditional healers, were regarded as a medium of communication between the living and God. It is also important to note that this worldview is not unique to the Zulus, but is shared by a number of African ethnic groups. It is from this perspective that the majority of participants saw themselves as providers of an alternative healing

system. Western practitioners deal with illness mainly from a biological or psychological point of view. This system is mainly concerned with the person and the disease he/she is suffering from. Anything except these aspects is disregarded as having any role to play in the treatment of the patient. Traditional healers are of the opinion that within an integrated system their familiarity with patient's cultural views of illness will put them in a better position to provide holistic treatment.

The majority of participants seem to agree that provision of alternative healing is their main role within an integrated health system. Divination (ukubhula) was identified as the most important aspect which traditional healers could use in the process of healing (Gumede, 1990). This refers to the unique ability of traditional healers to throw bones and use their powers to communicate with the patient's ancestors for diagnostic purposes. This communication with the ancestors plays a major role in the patients prognosis as most African patients believe in the powers of the ancestors who are regarded as a medium between people and God (Vilakazi, 1962). Within the African worldview people's lives are in the hands of their ancestors whom they thank or blame for their successes and failures. As a result any illness which befalls a person will be attributed to the wrath of the ancestors and for the person to be healed, there is a need for a healer to communicate with the patients' ancestors (Vilakazi, 1962). The aim of such communication is for the healer to ask for forgiveness on behalf of the person. As indicated by participants they are the only people who have the ability to communicate with the ancestors in times of need. It is on the basis of these facts that participants in this study perceive themselves as alternative healers within an integrated health system.

The second method of alternative healing identified by the participants was the use of herbs which most of the participants related to the different types of 'African' illnesses which can only be cured with these "African herbs" (umuthi). Participants were also of the opinion that herbs could be used effectively to treat and heal patients, thereby bypassing western procedures like surgery, regarded as foreign and unacceptable within the traditional healing system. A number of illnesses were quoted as those that traditional healers argued are curable with herbs, and thus necessitates no surgery. However one could argue that some traditional healers seemed too confident in saying that they could cure any illness that require surgery with herbs. While it

is possible that western medicine may resort to surgery even in instances that may have been treated otherwise, the advances and usefulness of modern surgery cannot be undermined. Perhaps the way forward would be for traditional healers to sit down with their western counterparts and compile a catalogue of illness wherein if perhaps detected early, surgery could be avoided by treatment with herbs. These could then be tested, with traditional healers themselves playing a key role. The reason for this cautiousness is that the interests of the patients should always come first, and it would be unethical to withhold surgical treatment in cases where it is known to be effective, Unless other less radical alternatives have been shown to be effective too.

The thwasa illness which western practitioners usually diagnose as psychosis came up in the majority of responses as an “African illness” which the western healers are “unable to cure”. This illness can be identified by symptoms like hallucinations, delusions, lack of self-care, excessive and confusing dreams as well as incoherent speech (Gumede, 1990; Hopa, 1998). Within the theory of causation of illness these symptoms represent a state of imbalance between the person and his/her ancestors. The only way to restore this balance is through the persons’ acceptance of the calling to become a traditional healer. This should be done through an experienced traditional healer who would also act as a mentor for the trainee (Gumede, 1990; Mafalo, 1997). As indicated by the participants whilst the western practitioners may attempt institutionalizing patients or prescribing drug regimens as a means of treating this “illness”, these are unlikely to be effective. The only method of healing is for the patient to accept the calling and undergo initiation and training under a qualified sangoma \ mentor (Gumede, 1990).

Further, there are other diseases which participants (both the izangoma and izinyanga) agree that they are capable of treating and healing. For an example a large number of participants reported that they are able to treat appendicitis (izikaqa), venereal diseases, sugar diabetes, insanity (ukuhlanya), cancer (umhlaza) and stroke (inyoni). Tuberculosis was identified as one illness, which could only be cured by modern medicine. Participants indicated that in contrast to their traditional belief that TB was a poison put by a rival into the patients food (isidliso), they have come to learn from their western counterparts that this disease is an infectious but curable disease. As a result of this realisation, most participants indicated that they are not capable of



treating TB, but refer infected persons to clinics. Although these referrals are done on an informal basis this serves as evidence that traditional healers are able to detect some of the diseases that they are unable to deal with and they acknowledge this incapability by referring their patients. Further, the referring of patients to clinics also serves as proof that despite any legislation against traditional healers within the health system, there is some kind of relationship between the healers and the western practitioners, which is conducted through patients for the benefit of those patients.

The existing relations between these two systems is highlighted daily in the media, both on new and developing ties. For an example in the Mpumalanga province the health department, especially the South African National TB Association (SANTA), is working together with traditional healers in the treatment of TB. This collaboration, called the Dots strategy, (directly Observed Treatment Short course) relies on testing and monitoring an uninterrupted supply of effective medicine and ensuring that each TB patient completes a six-month course of treatment (Taitz, Sunday Times, 14-11-99). The role of traditional healers in this campaign is to help and encourage patients with TB to undergo tests at SANTA clinics as well as acting as supervisors for the patient's treatment regimens. SANTA regulates this supervision through treatment charts, which are given to traditional healers to keep track of each patient's progress. As indicated by Sister Emma Mabena of Leandra clinic in Mpumalanga, they are collaborating with traditional healers in the treatment of TB because they have realised that patients trust them and this seems the most effective way of curing this disease (Taitz, 1999).

Another example of collaboration between traditional and western healing systems is highlighted by Dr. Nono Khokho, the head of the Free State Traditional Healers Association and the founder member of the Bongani Traditional Clinic in Rocklands, Bloemfontein (Witbooi, 1999). The clinic is staffed by herself, a general practitioner and a retired gynaecologist who work together in the treatment and cure of a variety of illnesses. Despite this collaborative relationship with modern practitioners, Dr. Khokho indicates that the relationship between traditional healers and hospital doctors is not a smooth one. The main reason for this, is the fact that western-trained doctors do not refer patients back to traditional healers because of their negative attitude towards the practice. As a result most patients only come to Bongani when their

diseases are advanced, by which time it is not possible for traditional healers to help them. One could argue then that a lot still needs to be done in order to educate each system about the other with the aim of setting a foundation towards integration. However, the existence of campaigns such as these, prove that traditional healers have a crucial role to play, whether directly or indirectly in the provision of health care in this country.

Concerning the issues of HIV/AIDS (uqunsula) a large number of participants indicated that the disease has been known for a number of decades, whilst others said it was relatively new to them. As a result whilst some said that they were able to deal with this disease, others clearly indicated that they did not have any herbs to treat the disease. However, a very small number of participants reported that although they could not cure AIDS, they were able to treat the symptoms. This perception is also supported by Dr. Khokho who indicated that one major role as a traditional healer at the Bongani Clinic was to work with HIV/AIDS patients in dealing with their symptoms (Witbooi, 1999). She further indicated that she was also working with her western colleagues to publish papers and articles on traditional healing and HIV/AIDS. One of her latest documents is called *Women, Children and AIDS*, published by the Pietermaritzburg AIDS Action Group under the auspices of the National Departments of Health and Welfare and Population Development (Witbooi, 1999). She indicates that it is this kind of work which gives the satisfaction of knowing that all health professionals, modern and traditional, are making efforts in helping those who are HIV positive by this epidemic, to live a positive life. On how they perceive the cause and treatment HIV/AIDS, participants who knew the disease attributed its cause to people who were into unprotected sexual and drug activities which lead to the spread of the disease. This was an important observation made by the researcher as it indicates that traditional healers have some positive insight into the epidemic and its causes. This is in contrast with the general belief, especially amongst modern professionals, that all healers are ignorant about the disease and its causes. Participants who claimed to know the disease, acknowledged that there was no cure for HIV/AIDS, only the treatment of the symptoms. These participants indicated that those who claimed to be able to cure HIV/AIDS were not honest but only making a living out of their patients. Participants argued that all the illnesses that were able to treat and cure were dealt with in relation to the ancestral worldview of their patients.

### 5.2.2 Traditional healers as a medium between man and his ancestors

Both groups of participants totally perceived themselves as middlemen between human beings and their ancestral spirits (amadlozi), a perception which is supported by previous studies on integration (Gumede, 1990; Mafalo, 1997). The reason for this perception is based on the argument that traditional healers possess special powers such as divination (ukubhula) and incense (impepho) to communicate with ones ancestors. In this context “Impepho” is defined by participants as a type of herb which is burned by the isangoma or inyanga during consultation. The smoke which is produced thereof is believed to have the power to connect the healer with both his/her ancestors and those of the client’s. It is in the context that the traditional healer can be able to talk with the patient’s ancestral spirits and put forth his/her problem.

According to the African worldview the role of traditional healers as a medium of communication between human beings and their ancestors is informed by the theory of the hierarchy of beings identified by Friedman (1998). This theory indicates that the African belief in ancestors is accompanied by a belief in the Supreme Being called God. This is supported by Vilakazi (1962), who indicates that God cannot be consulted directly, but through the ancestors. Further the ancestors are only consulted through traditional healers who have special abilities to communicate with them. It can therefore be argued that all the above-mentioned beings that are imperative in the treatment of illnesses are in a hierarchical order and they should be respected within such a context. As a result, although traditional healers are at the bottom end of this hierarchy, they are the most important part because without them people would not be able to consult the two higher beings: the ancestors and God. This implies that traditional healers are important in the communication between God, ancestors and human beings, especially in the treatment of what participants called “spiritual illnesses” discussed in the section below.

During communication with ancestors the traditional healer may ask for guidance and direction as to the nature of the illness or the relevant herbs to be used in the treatment of the patient. Sometimes the consultation may be around issues of the patient’s general well being, or a plea for forgiveness, good luck or protection from the ancestors. Such communication is

deemed necessary to the healing process and traditional healers are some of the selected few who are trained and qualified to do it on behalf of their patients. According to the participants, the above capabilities of traditional healers are some of the unique characteristics which they can bring to the integrated health system with the main aim being to promote holistic health and at the same time prevent illness and possible loss of death.

### **5.3 Perceptions on integration, obstacles and solutions thereof**

#### **5.3.1 Integration as unity**

The majority of participants perceived integration as a positive and necessary step in South Africa. However integration seems to be viewed as which could guide both traditional healers and western practitioners towards working together or side-by-side. This contrast with the contextual meaning of the term which refers to total incorporation of traditional healers to work in a totally integrated manner with western practitioners. On a positive note, most of the participants were very eager to be involved in any process which could bring them closer to their western counterparts with the aim of provision of adequate health to all the citizens of the country. This finding will be discussed in detail later in this chapter.

For most traditional healers integration means unity both amongst themselves and with their western counterparts. However some participants voiced fears around issues such as financial matters and the patenting of medicine within an integrated system. The general feeling amongst participants was that the western practitioners will automatically be in a higher position which would give them a status of leadership whilst they will be given a subordinate and minority status. These perceptions can be related to the choice by participants for collaboration and co-operation instead of total integration with the western practitioners. Such preference seems to be a way of self-protection, especially that of traditional and cultural aspects of the indigenous healing practice.

The concerns about protection are related to fears amongst participants that total integration can result in the extinction of the traditional healing practice resulting from possible

oppression by the western healers. In contrast, the traditional healers' preference for collaboration could be reasonable, for the complexity of the differences between the two health systems would make total integration difficult if not impossible. However one could also argue that previous relationship between western and traditional healers were based on interdependence for the benefit of the patients. An example of the success of such relationship have been highlighted by studies on integration in other African countries like Zimbabwe, Swaziland and Mozambique (Freeman & Motsei, 1992; Hopa, 1998). Although it started with a variety of problems, integration in these countries has proved to be a success, whereby both traditional and western practitioners are working side-by-side in the interest of their patients. It is on the basis of this information that one could say that South Africa could borrow ideas and guidance from the pioneers of integration as a way forward to the countries own process.

Participants perceive integration as a means of recognition, freedom as well as great opportunities for themselves. Participants felt that presently their practice was not recognized by western professionals and as a result their activities were restricted. This implies that an opportunity to work with modern practitioners would mean a new era in the traditional healing practice, which would be accompanied by positive benefits. Much as presently, traditional healers function within an impoverished environment which are considered unhygienic by their western counterparts, which are considered as integration could bring about better and improved conditions of living for them. However, all these expectations and hopes should be viewed in relation to how western practitioners perceive integration. Although most of them are in support of this process, there are others who are still against such a relationship. It is imperative to ensure that all stakeholders are in favour of integration in order for the process to be a success as those who are against it can only act as deterrents. It is on the basis of this argument that one could encourage all those concerned with the welfare of the country's health system to come work together for the benefit of all citizens. The fact that most of the participants are in favour of integration and they perceive it as a source of unity, is a good sign that despite their fears they are committed to this process. Despite the fact that the concept of integration was perceived as a necessary and crucial step, the participants also indicated that there were a number of obstacles, which could hinder or slow down such a process. These obstacles as well as the possible solutions thereof are discussed in the following section.

### **5.3.2 Perceived obstacles and possible solutions**

#### **5.3.2.1. Disunity amongst traditional healers**

The participants indicated that the main possible obstacle relates to the fact that traditional healers themselves are not united, and as result in would be difficult to try any integration with the westerners before this issue was addressed. This disunity was observed during data collection whereby the izangoma participants who are mostly females, voiced their dissatisfaction with what they called “ discrimination “ from the izinyanga, who are males. This discrimination was identified as based on gender and the main source of disunity amongst traditional healers. In contrast to this view from izangoma, one could take the argument further by asking as to whether this is discrimination or a normal traditional practice in which females are regarded as inferior to males and are expected to behave as such. The reason for this argument is that the issue of discrimination appeared to be more of a problem with the male izangoma than their female colleagues. Although the females did view discrimination as a problem, they, like their male counterparts, also had other concerns about disunity. For an example most participants indicated the presence of organisations within the traditional healing system, as a cause of disunity. Although this sounds like a reasonable perception, one could argue that regarding the vast nature of the traditional healing practice and the different categories of healers within this system, there is a need for different organisations to regulate individual categories effectively. The main problem could be the lack of organization and communication amongst and between these associations. It is therefor imperative for these organisations to come together and identify strategies for the unification of the traditional healing practice.

The implication of this disintegration within the traditional healing system, is that no integration outside this system could be feasible. As a result, any initial efforts towards integration between western and traditional health systems should begin with unity within the systems themselves. This means that traditional healers should start proceedings of uniting themselves before any attempts towards working with western healers. As a possible solution

to this problem, participants suggested that there should be efforts by both the traditional healers with the support of the government to come together and negotiate ways of bringing different categories of traditional healers closer to each other. This, it was proposed, could be done through conferences and/or workshops directed at forming associations which could be able to regulate the healers and their activities. Furthermore it was suggested that provincial and national educational campaigns with the aim of informing all citizens regardless of their status, race or gender, about traditional healing practices, be initiated. The participants saw these activities as the main starting point for all the integration processes with modern practitioners.

#### **5.3.2.2. Concern about future power relations**

The second obstacle identified by the traditional healers was related to the power issues, which would come with integration. For an example most of them felt that ever since its inception traditional healing practice has and is still undermined by the western practitioners. This could have a negative influence on future relationships within an integrated health system. The majority of the participants reported that their main fear was that the western practitioners would possibly continue to undermine the traditional healing practice. This was with specific reference to issues such as registration and affiliation fee as well different opinions on treatment issues.

#### **5.3.2.3. Possible financial problems**

Regarding financial issues, the participants said that their western counterparts could use their status and power to impose high rates of registration and affiliation fees, which would be required by the integrated health system. Furthermore, the participants voiced their worry around treatment issues. They argued that the fact that the two systems had different backgrounds as well as different understanding of illness, could lead to conflict and arguments which if not well attended to, could disrupt the functioning of the integrated health system.

#### **5.3.2.4. Concern about bogus traditional healers**

Another possible obstacle, which was identified by the traditional healers, was around possible dishonesty from what they call ‘chartalans’ or ‘bogus’ traditional healers. The participants indicated that they were worried that if no form of assessment is made of those who are going to be included in the integration process, artificial or bogus traditional healers could be included and this could pose harm for their clients. As a solution to this problem suggestion was that there should be some form of procedure which could be conducted by both western and traditional practitioners (representatives) to test all the traditional healers as to whether they are really qualified to treat and heal people. This assessment could be done by practical examinations of the healers where they would have to show their competencies in areas such as divination, diagnosis as well as treatment of illnesses.

The above mentioned obstacles which can be seen as a perception amongst most participants indicated that the traditional healing system could generally be oppressed if not dominated by the western health system. Possible solutions identified by the traditional healers towards the above obstacles included a need for respect, recognition and future collaborative relations between themselves and their western counterparts. However, most participants further indicated instead of total integration of the two systems, they would prefer co-operation and collaboration. According to the participants total integration could lead to a lot of problems some of which have already been discussed and this in turn result in the failure of any kind of a working relationship between the two systems. The issues of total integration vs collaboration and co-operation will be further discussed in the next section, which focuses on the boundaries within which traditional healers would like to operate.

#### **5.4 Boundaries for operation**

A large number of participants accept that the integration process will not be an easy one for both systems. The reason for this thought is attributed to the fact that each system has a unique background and values and these might not be shared by the other. This sentiment has



also been echoed by a number of authors concerned with integration (Nzima et.al, 1992; Freeman and Motsei, 1992). The general feeling amongst the participants is that their involvement in an integrated system would have to be governed by a number of boundaries, which they perceive as crucial for the success of any type of relationship between themselves and the western practitioners.

#### **5.4.1 Collaboration and co-operation vs total integration**

A number of suggestions were put forth as desirable boundaries for operation within an integrated system. The option for collaboration and co-operation came up as the preferred choice and it was perceived as important for a successful working relationship between the traditional healers and the western practitioners. According to Freeman & Motsei (1992), this option suggests autonomy of each health system, with each keeping to its own world. The majority of participants indicated that because of issues such as different backgrounds and values as well as differences in the understanding of health and illness, total integration of the two systems will not succeed but rather lead to problems. It is important to note that the choice for collaboration and co-operation as options for integration is characteristic of most findings in the studies of integration of traditional and western healing systems (Burhmann, 1983; Clarke, 1998; Freeman & Motsei, 1992; Mabetoa, 1994).

Collaboration and co-operation is defined by most of the participants as working side by side with western practitioners, 'but not under one roof'. As one of the participants indicated, "we can work collaboratively but not totally integrated under the same roof because we have different ways of practice. We need to work in that manner, to collaborate for the benefit of our patients". It should be noted that the collective names like 'we' and 'our' is used by the participant to refer to both the traditional and western healers. This can be viewed as a positive attitude towards future working relations between the two systems and it also indicates that being against total integration does not imply that traditional healers are not prepared to work with their western counterparts. This view was also shared by most participants who indicated that

they are happy and willing to work with the western practitioners, however such a relationship will have to be done within a number of parameters.

These parameters, they indicated, should start with appropriate and plausible options for working together. In relation to the concept of total integration between traditional healers and their western counterparts, This study found that both the izangoma and the izinyanga, perceived total integration as a complex and impossible task. This is in contrast to the notion of “New Age” (an evolution of the new health system), which according to Freeman & Motsei, (1992), is aimed at blending the two health systems into one. This implies that this notion seeks to integrate the two systems totally. As indicated by the study conducted by Mafalo (1997), total integration should not be regarded as a short-term process, but it should be viewed as a process to be pursued with caution and sensitivity in the future. It is from this point that one could say that collaboration and co-operation seems to be the best alternative in establishing any kind of a working relationship between traditional healers and western practitioners. A practical way of implementing this alternative is provided in the following section as one of the suggestion given by the participants of this study.

#### **5.4.2 Traditional healers to have their own medical centres**

The majority of participants indicated that as a way of facilitating collaboration and co-operation, it would be important to set geographical boundaries between the two systems. According to the participants they would like to have their own medical centres which could be built in the community areas but within the close proximity to clinics and hospitals. This, they argued would regulate the relationship between the two groups by ensuring that whilst each system has its own space, they are close enough to communicate and function collaboratively. As an example, several of the participants pointed to the problems in cross-referrals whereby it was difficult for their patients who came from a poor economical background, to be referred to a clinic or hospital, which in most of the cases is not easy to reach.

It is important to note that traditional healers report that they refer a lot of patients to hospital, especially in cases such as dehydration and loss of energy. The participants went on to indicate that although they referred their patients to hospitals this was done in secret as they feared that their patients could be ill treated if it was found out that they came from a traditional healer. This is where another aspect of boundaries was identified, that of freedom for cross-referrals between traditional healers and western practitioners within a collaborative working relationship. This freedom of referrals was perceived by participants as an imperative boundary, which could ensure ‘promotion of health’ and ‘prevention of loss of life’. This issue of referrals within the traditional healing practice is in contrast to most of the health professional’s misconception that traditional healers do not refer patients even if there is an urgent need to do so. Traditional healing medical centres were therefore seen as another measure in setting up boundaries aimed at the success on any positive working relationship.

#### **5.4.3 Government protection, support and subsidies**

The government was identified as a suitable facilitator of the integration process. The majority of participants indicated that there was a need for the government to be the main facilitator of the process. Participants’ needs from the government included issues such as support and protection of the rights of traditional healers as well as financial subsidies for the impoverished ‘traditional healing system’. These parameters were identified by the participants as crucial and important to all the stakeholders who wanted the process of integration to be effective and beneficial to all the citizens of the country. The participants further pointed out that such boundaries will also help in clarifying their position within an integrated system and this is discussed in the next section.

#### **5.5 Position of traditional healers within an integrated system**

Equality amongst traditional and western healers within an integrated system emerged as a major issue. The majority of participants perceived themselves as equally capable to treat diseases as their western counterparts. As one of the participants pointed out, “It is important

that we should be equal, and we must be treated as such because these two systems are equal”. In defining what ‘capable ‘ meant to them, most of the participants referred to the issue of abilities to help patients recover from their illnesses.

A number of issues were not considered by participants in their definition of abilities, which served as a basis of their call for equality. For an example, this researcher observed that most participants ignored the fact that western practitioners had formal education and also possessed a number of unique skills such as ability to perform surgery and organ transplants, which can be viewed as life-saving procedures. It could therefore be argued that although the participants see themselves as trained and qualified in working with patients, and they do possess some unique abilities such as divination and an ability to communicate with ancestors (both of which are important in the treatment of patients). This alone cannot necessarily serve as the basis for equality amongst the members of the two systems. What is important is that both approaches should identify what they do best and that equality is based on the respect for each other’s world-view.

Participants further pointed that from equality within an integrated system was important to avoid any imbalance of power, which, as indicated earlier, could result in failure of integration. In the words of one of the participants, “ I find traditional healers in a position which allows them to be equal to the western practitioners in an integrated system, without anybody being subordinate and the other in command. It is important for us to operate on equal basis in order to make collaboration easy”. This perception is an indication that equality is an important prerequisite for integration and it is also seen as way of avoiding any domination from either of the systems. According to this author although the traditional healers need for equal status with the western healers is recognised and respected, it is also important for all the stakeholders to be realistic in their expectations from this process. This implies that it would be important for both the traditional and western healers to consider that such a difficult process would call for a lot of compromise in order to ensure its success. Furthermore most of the perceptions and assumptions about each system should be deeply explored with the aim of finding common ground on which they could operate. Because of the evident dynamics around the issue of power relations one

could argue that the issue of the position of traditional healers within an integrated system could be explored further by future studies on integration.

## **5.6 Traditional healers' understanding of illness**

As pointed out earlier in this study one of the obstacles foreseen by traditional healers concerned the diverse background and experiences of the two-health system. This according to the participants could result in conflict amongst all the healers within an integrated health system with particular reference to different opinions in treatment issues. According to the participants these differences around treatment issues were related to the way in which traditional healers understood illness, which differed from the western practitioners notion of illness.

### **5.6.1 African world-view and notion of causality of illness.**

According to Gumede (1990) Africans believe strongly in their ancestors and they are dedicated to their duties towards them. Health is perceived as a state of equilibrium between human beings and their ancestral spirits (*amadlozi*). As a result good health and fortune are viewed as a reward for sacrifices to the spirits whilst ill health is seen as punishment or a reminder to keep in touch with one's ancestors. This is an African world-view of disease and it is the general way in which traditional healers perceive the cause of illness and treatment thereof. Participants were not different in their understanding of illness and they identified a number of cases of which were related to ancestral issues.

Illness, particularly mental illness, was perceived as stemming from mainly unhappy or disgruntled ancestors who were punishing the victim for his/her sins. This concept is closely related to what they call the 'thwasa' illness, which is interpreted as a calling for the patient to become a sangoma. According to the izangoma, all of them went through the thwasa experience as a call by their ancestors to be diviners. All the members of the group of izangoma who took part in this study indicate that their initial reaction to such a calling was denial and resistance.

This was emphasised by three of the participants who are professionals: one is still a school principal, whilst the other two are former nurses who report that after a difficult period of resistance towards their calling, they ultimately had to leave their comfortable and secured professions and accept their calling. These participants report that they went to different western practitioners in an effort to get a cure for their symptoms, but they did not get better. It was only after they had heeded their call that their illness disappeared and they started to function adequately individually and socially. As participants pointed out serves as evidence that no medication or drug regimen can cure thwasa illness except for the patient to answer the calling and start training as an isangoma.

Other causes identified by participants included what they termed ‘a mental overload caused by family problems’ as well as ‘mental exhaustion’. These illnesses were seen by participants as a result of an individual being mentally burned out because of a difficulty in solving his/her personal or family problems. According to the participants in such cases, there was a need for the traditional healer to burn the impepho (incense) as a way of communicating with the patient’s ancestors asking them for guidance in the diagnosis and treatment of the illness. Participants indicated that in a case like this they referred patients to the psychologist who could be effective in helping him/her. This is another pointer to the fact that traditional healers do refer patients if they feel inadequate in dealing with a particular illness or problem.

## **5.7 Chapter summary**

This chapter presented a detailed discussion of the results as well as the comparison of the findings to those of previous studies on integration. Perceptions of traditional healers were identified and explored in-depth. These perceptions included issues such as how traditional healers perceived their roles within an integrated health system, their perceptions on integration, perceived obstacles as well as possible solutions thereof. Furthermore the perception of traditional healers on their position in an integrated system and the boundaries within which they would like to operate were also explored.

## **CHAPTER 6**

### **RECOMMENDATIONS AND CONCLUSIONS**

#### **6.1 Introduction**

This chapter provides recommendations for future research and conclusions that were drawn from the study.

#### **6.2 Recommendations**

Based on the findings discussed in the previous chapter, the researcher would like to make the following recommendations:

That the question of total integration vs collaboration \ co-operation be addressed from the individual level of traditional and western healing systems. This implies that each system should come together and start by assessing their own structural \ organizational issues with the aim of forming more unified structures. For an example different provincial traditional healer's associations like the Traditional Healers Organization (THO), the National Traditional Healers Association of South Africa (NTHASA) and the Free State Traditional Healers Association, could elect representatives who would meet in forums or conferences to identify common ground, which could lead to unity amongst them. People like Ms Patience Koloko, Mr Nhlavana Maseko and Dr Nono Khokho who are presiding over these organizations respectively, are some of the prominent people within the traditional healers' system who could help in the setting up of such structures aiming towards a positive working relationship with western practitioners. Further, these people have more experience as they are already participating either directly or indirectly, in a variety of relations with people from the western healing system. As a result they could act as effective facilitators of such collaborative work with all western practitioners who are prepared to accommodate the traditional healing system as part of the health mainstream. These internal negotiations with the traditional healing system could help traditional healers to

come closer to each other, setting a good foundation for a positive relationship with western practitioners within an integrated health system.

Regarding the issue of education between members of the two systems, workshops could be held where participants from both sectors would come together. During these workshops, forums could be established with the aim of exchanging knowledge between the groups. For an example, during these workshops, traditional healers would be taught basic first aid skills and hygiene concerning the use of blades for rituals such as incisions where the skin is pierced to insert herbal remedies in the bloodstream. Although most of the healers are presently practising these hygienic methods of healing, there are those who are still using old traditional methods, which could lead to infections endangering their patient's lives.

In return to these contributions by western-trained practitioners, traditional healers could impart some of their skills to western professionals. For an example, they could share with their western counterpart knowledge concerning how to differentiate between psychosis and *thwasa* illness or schizophrenia and *amafufunyana*. This two-way educational process between the two healing systems could enhance and improve communication between them and hopefully narrow the gap towards more closer relations. Issues of intellectual property rights and financial matters could also be discussed within these forums. Representatives from the two sectors could brainstorm with their members about solutions such as the drawing of policy and legislation around these issues, before negotiating and reaching a compromise on them in the forums. It is in these forums that negotiations could be employed to reach a compromise and work together.

### **6.3 Conclusions**

This study indicated that the unique world-view in which traditional healing practices are embedded, has a lot of influence on future relations with western practitioners. This traditional African worldview informed by the theory of cultural relativism, views health and illness as well as ancestors and God as interconnected and existing in a state of balance. Healing should be approached from the world-view of the patient or that of his or her cultural group [Hewson, 1998]. Traditional healers perceive themselves as equal to western practitioners because of their



training and ability to cure a variety of illnesses. They view their role as that of providing alternative healing being a medium between people and ancestors and a special ability to treat “spiritual illnesses”. Integration is perceived as a source of unity and recognition and although obstacles such as disunity amongst traditional healers themselves as well as fears of oppression and subordination from their western counterparts were identified, this process is regarded as a positive and necessary step. Education and negotiations were identified as possible solutions to the above-mentioned obstacles and a way forward towards integration.

Despite this positive attitude, participants emphasised that they would prefer collaboration to total integration with the western practitioners. The reason for this preference is related to the healers understanding and treatment of illness which is based on the African worldview, which differs significantly from the modern view of disease.

The findings of this study reveal that there is still an attitude of mistrust and suspicion about western-trained professionals from traditional healers. The general impression is that by working under the same roof with westerners, the traditional healing system could become swallowed, leading to possible extinction. As a result collaboration in which the two systems would work side-by-side seems to be the only form of integration which could benefit all the citizens of the country.

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## APPENDIX 1: INTERVIEW SCHEDULE (ZULU)

Odokotela bengqondo, njengama-psychologists nama-psychiatrists asebenza ezibhedlela sebeke babhala kabanzi babamba nezingxoxo ngokubaluleka kokuhlanganiswa kwezempilo ngaphansi komnyango owodwa, kubandakanya labo abelapha ngokwesintu. Lokhu kuchaza ukuthi bonke labo abelapha ngokwesintu, njengezangoma nezinyanga, nabo bahlanganyele ngokulinganayo ekuthuthukiseni ezempilo, futhi negalelo (contribution) labo lihlonishwe. Bengicela ukubuza ukuthi usuke wezwa yini ngalezizingxoxo.

**(Uma ephendula ngokuthi “Yebo”, buza ukuthi wezwa kanjani, kuphi khona. Uma ethi “Qha”, qhubekela phambili).**

Ngicela ungichazele kabanzi ukuthi wena ubona kanjani ngokuthi abelapha ngokwesintu (traditional healers) babe mdibi munye noma bahlanganyele nabelapha ngokwesilungu ngaphansi komnyango wezempilo owodwa. Kulokhu kuhlanguka, ngabe mhlawumbe kungaba yini izidingo zakho (your needs) njengomuntu owelapha ngokwesintu? Yini mhlawumbe ongayesaba, noma engakwenza ube manqikanqika (anxious, doubtful) ngalokhu kuhlanguka?

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### Follow Up Probes:

- Ngabe ukuhlanganiswa kwezempilo ngaphansi komnyango owodwa, kubandakanya (including) izinyanga nezangoma kungachazani (mean) kuwena njengomuntu oyisangoma/innyanga? Ngabe kubaluleke kangakanani kuwena njengenyanga/isangoma?
- Ubona kanjani ngokuthi kuhlangukane izinyanga nezangoma ngaphansi komnyango owodwa wezempilo? Kungani ubona kanjalo?
- Ngendlela obona ngayo, lokhu kuhlanguka kungaba namuphi umphumela kuwena njengomuntu osebenza njengenyanga/njengesangoma? Kungakuthinta (affect) kanjani wena? Uma ubona nje, kungabathinta kanjani bonke labo abasebenza njengezinyanga noma izangoma, noma bonke nje labo abelapha ngokwesintu?
- Ngendlela ocabanga ngayo, ngabe ukuhlanganiswa kwezempilo kuyinto efanele yenzeke?
- Ngabe kuyisitebhisi (step, indlela) esiholela phambili? Ngicela uchaze.
- Ngakube yini okubona kungaba izinkinga kulenhlanganiso (integration)? Kungani lokho kungaba inkinga?
- Ngokubona kwakho, zikhona izingqinamba, izinkinga, ezingase zenze ukuba lokhu kuhlanguka kungaphumeleli? Ngicela ungichazele kabanzi.

## APPENDIX 1 (CONTINUED)

- Ngendlela obona ngayo, intoni okumele yenziwe ukugwema noma ukuvimba lezizinkinga?
  - Ngendlela obona ngayo, yiliphi iqhaza elingabanjwa izangoma noma izinyanga emnyangweni wezempilo oyinhlanguanisa? Izangoma noma izinyanga zingaba naliphi igalelo? Yini ezingayenza, ake sithi nje, esibhedlela? (vary the question until interviewees understand).
  - Ake sithi-ke manje sekusetshenzwa ngokuhlanganyela, iziphi mhlawumbe izinto, noma izifo ezingelashwa izinyanga ezibhedlela? Mhlawumbe, iziphi ezinye izinto ezingakwazi ukuzenza ebezingeke zenziwa odokotela, kodwa zibe zinesidingo? (inquire, e.g., ukushisa impepho, ukucela kwabaphansi ukuthi isiguli silulame (recover)).
  - Abalaphi bendabuko noma besintu, ubabona kufanele babe maphi nendawo uma beqhathaniswa nabanye abelapha ngesilungu, njengodokotela? Ngabe bangabalekeleli nje, noma bazoba abalingani abagcwele nodokotela? Kungani ubona kanjalo?
  - Ngendlela obona ngayo, kufanele kuhanjiswa kanjani ukuze ukuhlanguaniswa kube impumelelo? Iziphi izinyathelo okumele zilandelwe ukuze kube nesiqiniseko ukuthi bonke abathintekayo kulokhu kuhlanguana benelisekile (satisfied)?
  - Ngakube wake wasebenzisana yini nezibhedlela ngaphambilini? Wake waziyisa iziguli zakho khona? Zabe ziphethwe yini? Kungani wazidlulisela esibhedlela?
  - Ngakube wake wasilapha isiguli sakho esibhedlela ngokufihla, noma ngasese? Kungani? Ngicela ungichazele.
  - Kuyenzeka yini abantu bafike lapha kuwena ukuzolashwa noma bezofuna usizo, bebe futhi bedla imithi yasesibhedlela, beya futhi nasesibhedlela? Kungani beza kuwena bebe beya futhi nasesebhedlela?
  - Ngiyabona kakhulu baba/mama/sisi/ bhuti. Angazi noma kukhona yini okunye ongathanda ukukusho?
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## APPENDIX 2: INTERVIEW SCHEDULE (ENGLISH TRANSLATION)

Mental health professionals working primarily in the hospitals, such as psychologists and psychiatrists, have held negotiations and written extensively about the importance of an integrated health care system. The integration is envisaged to include traditional healers. For the integration to be meaningful, however, traditional healers such as izangoma (diviners) and izinyanga (herbalists) should participate equally in transforming the health care system. Furthermore, it is important that their contribution is acknowledged. Have you ever heard of these negotiations?

**(If the participant's answer is "Yes," explore how and where did he or she learn about negotiations. If the answer is "No," proceed).**

Would you please explain to me in detail how you feel about the integration of traditional healers and western healers under one health care system. In this integration, what would your needs be as a traditional healer? What are your anxieties and doubts about integration? (Continue using the probes below).

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### Follow Up Probes

- What does the integration of the health care systems, including traditional healing, mean to you as a person who is an inyanga/ isangoma? How important is this integration to you as an inyanga/ isangoma?
- What is your opinion about the integration of izinyanga and izangoma under one health care system? Could you please explain?
- In your view what could the outcome of this integration be to you as an inyanga/ isangoma? How would integration affect you? How would it affect other izangoma and izinyanga, or traditional healers in general?
- Do you think integration is necessary?
- Is integration a step forward? Please elaborate.
- What possible obstacles do you foresee in the integration process?
- In your opinion, are there any problems that could deter the process of integration? Would you please elaborate?
- What could be done to avoid or resolve these problems?
- In your view, what role would izinyanga and izangoma play in an integrated health care system? What would they do in a hospital setting, for example?
- (Vary the question until interviewees understand).



**APPENDIX 2 (CONTINUED)**

- Let us assume that all health care systems are now integrated, what illnesses could be cured by izinyanga in a hospital? What else could they do, which is essential but cannot be done by western practitioners? (Inquire, e.g., burning of the incense, communicating with the ancestors to ask for the recovery of the patient).
  - In an integrated health care system, what position should traditional healers occupy in relation to other health professionals? For example, would they be assistants to medical doctors? Do you see them as equal partners? Why do you think so?
  - In your opinion, how should the process of integration be conducted to ensure that it is successful? What procedures should be followed to ensure that those who are affected are satisfied?
  - Have you ever worked in collaboration with hospitals before? Have you ever taken your patients there? What were they suffering from? Why did you refer them?
  - Have you ever secretly treated your patient in a hospital? Why? Would you please elaborate?
  - Does it ever happen that patients come to you for treatment or help, and use western medication or go to hospital for treatment?
  - What is the reason for them to come to you while attending the hospital at the same time?
  - Thank you very much. Is there anything else that you would like to say?
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